

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR MIA
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
MD60-3160-4

C/SF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No. NOV 30 '90 (505) 748-3303		5. LEASE DESIGNATION AND SERIAL NO. LC-049998(A)	
2. NAME OF OPERATOR Marbob Energy Corporation		3b. Address O. C. D. ARTESIA, OFFICE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Drawer 217, Artesia, NM 88210				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330 FNL 1650 FEL				8. FARM OR LEASE NAME Foster Eddy	
14. PERMIT NO. 30-015-26230		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3749.0' GR		9. WELL NO. 7	
				10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q Grbg SA	
				11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA Sec. 17-R17S-R31E	
				12. COUNTY OR PARISH Eddy	
				13. STATE NM	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other) Spud, cement csg	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>			(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Spudded hole @ 11:30 a.m. 11/15/90. Drld 12 1/4" hole to 475'. Ran 11 jts 8 5/8" 24# @ 464'. Cmt w/300 sx Class "C" w/2% CC. Circ 30 sx cmt to surf. Plug down. 9:15 p.m. 11/15/90. WOC 18 hours, tstd csg to 600# f/20 minutes--held okay.

RECEIVED
NOV 27 11 09 AM '90
BUREAU OF LAND MANAGEMENT

18. I hereby certify that the foregoing is true and correct

SIGNED Robin Smith

TITLE Production Clerk

DATE 11/26/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side