Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

N.M. Oil Jons. Division 811 S. 1st Street Artesia, NM 88210

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 se besignation and Serial No.

C1512

LC-029395B

SUNDRY NOTICES AND REPORTS ON WELLS

6. If Indian, Allottee or Tribe Name

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals

7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE 1. Type of Wel 8. Well Name and No. X Oil Well Gas LEE FEDERAL #10 2. Name of Operator 9. API Well No. MARBOB ENERGY CORPORATION 30-015-30511 3. Address and Telephone No. P.O. BOX 227, ARTESIA, NM 88210 505-748-3303 10. Field and Pool, or Exploratory Area CEDAR LAKE YESO 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 11. County or Parish, State 2310 FNL 1650 FWL, SEC. 20-T17S-R30E UNIT F EDDY CO., NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 12. TYPE OF ACTION TYPE OF SUBMISSION

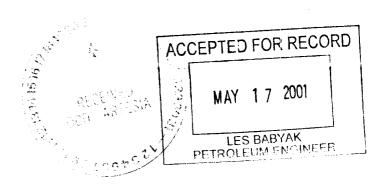
Change of Plans Abandonment Notice of Intent **New Construction** Recompletion Non-Routine Fracturing X Subsequent Report Plugging Back Water Shut-Off Casing Repair Conversion to Injection Altering Casing Final Abandonment Notice Dispose Water

X Other INTERMEDIATE CSG, CMT

(Note: Report results of multiple completion on Wel Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinet 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 markders and zones pertinent to this work.)*

5/2/01 DRLD 12 1/4" HOLE TO 1371', RAN 30 JTS 8 5/8" J-55 24# CSG TO 1367', CMTD W/ 450 SX HALL LITE & 200 SX PREM PLUS, PLUG DOWN @ 6:45 P.M., CIRC 170 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK.



 I hereby cartify that the fore 	going is true and correct
Signed SOOM	Cochrum
(This space for Federal or State office use)	

PRODUCTION ANALYST Title

Date

Approved by onditions of approval, if any: Title

Date

BECEINED

10:6 MA T- YAM 1002

BUREAU OF LAND MEMI.