

November 1981
formerly 9-3-11

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN FR
(Other Instructions
were 8-10)

DATE
ON

LC-063496
IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW	7. UNIT AGREEMENT NAME Forest Pool Unit
2. NAME OF OPERATOR Marbob Energy Corporation ✓	8. FARM OR LEASE NAME Forest Pool Unit
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, New Mexico 88211-0217	9. WELL NO. 21
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990 FSL 1651 FWL	10. FIELD AND POOL, OR WILDCAT Square Lake Grbg SA
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35-T16S-R29E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3655' DF	12. COUNTY OR PARISH Eddy
	13. STATE N.M.

RECEIVED

NOV 14 '88

C. C. D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON* (TA)

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other)

(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.)*

We would like to classify this well as TA for 1 year pending further research on this well.

RECEIVED
JUL 15 10 59 AM '87
CARLESON RESOURCE
AREA HEADQUARTERS

I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Production Clerk

DATE July 10, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side