

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, N.M. 88210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

4/25

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.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
Marbob Energy Corporation
3. ADDRESS OF OPERATOR
P.O. Drawer 217, Artesia, N.M. 88210
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

MAY 22 '89

O. C. D.

ARTESIA, N.M. OFFICE

990 FSL 1651 FWL

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, ST, GR, etc.)
3655' DF
16. COUNTY OR PARISH
Eddy
17. STATE
N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(Note: Report results of multiple completion or Well Completion or Recompletion Report and for (FRC).

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

We propose to plug & abandon as follows:

Set cmt plug @ TD-2400' (tag); set 100' plug @ 1300-1200', set plug from 900' to surface. Install dry hole marker and clean location.

Note: A cement bond log was run on this well and found top of cmt @ 290', 120' above top of salt. ✓

RECEIVED
MAY 16 1989

18. I hereby certify that the foregoing is true and correct
SIGNED Rhonda Wilson TITLE Production Clerk DATE 5/2/89

(This space for Federal or State office use)

APPROVED BY Sham J. Smith
CONDITIONS OF APPROVAL, IF ANY:

FOR: CHIEF OF BUREAU
TITLE CHIEF OF BUREAU

DATE 5/18/89

*See Instructions on Reverse Side