

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
verse side)

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

9/25

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.)

1. OIL WELL ☒ GAS WELL ☒ OTHER ☒ PA	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Marbob Energy Corporation	8. FARM OR LEASE NAME Hondo Federal
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330 FSL 990 FWL	10. FIELD AND POOL, OR WILDCAT Red Lake On Grbg SA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) ARTESIA, OFFICE
	11. SEC., T., R., N., OR R2Z. AND SURVEY OR AREA Sec. 26-T17S-R27E
	12. COUNTY OR PARISH Eddy
	13. STATE N.M.

RECEIVED

JUL 07 '89

O. 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	☐
FRACTURE TREAT	☐
SHOOT OR ACIDIZE	☐
REPAIR WELL	☐
(Other)	☐

PULL OR ALTER CASING	☐
MULTIPLE COMPLETE	☐
ABANDON*	☐
CHANGE PLANS	☐

WATER SHUT-OFF	☐
FRACTURE TREATMENT	☐
SHOOTING OR ACIDIZING	☐
(Other)	☐

REPAIRING WELL	☐
ALTERING CASING	☐
ABANDONMENT*	☒

(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 and 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 plugged & abandoned well as follows:

5/15/89 Sqzd perms w/35 sx cmt; pressure tstd bottom hole plug to 750#--held okay. Tagged @ 1495'; cut tbg off @ 900'; circ cmt to surface w/70 sx cmt. Installed dry hole marker 5/17/89. Will notify upon completion of cleaning location and ready for inspection.

RECEIVED

Post ID-2
6-30-89
P-A

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

SIGNED Rhonda Nelson

TITLE Production Clerk

DATE 6/26/89

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY

FOR: CHIEF, ARTESIA OFFICE
TITLE

DATE 6-5-89

Approved as to plug and the well bore:
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side