

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
(Other instruction
verse side)

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

clsf

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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"/>		AUG 11 '89		5. LEASE DESIGNATION AND SERIAL NO. LC-028053(A)	
2. NAME OF OPERATOR Marbob Energy Corporation		O. C. L.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, New Mexico 88211-0217		ARTESIA, OFFICE		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 2310 FNL 330 FWL				8. FARM OR LEASE NAME Keyes A	
				9. WELL NO. 10	
				10. FIELD AND POOL, OR WILDCAT Red Lake Seven Rivers	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-T17S-R28E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, IT, GR, etc.) 3535' DF		12. COUNTY OR PARISH Eddy	
				13. STATE N.M.	

16. 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"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)

We plugged & abandoned well as follows:

5/17/89 Sptd 30 sx plug @ 700', tagged @ 580'; perfed csg @ 301', sptd 46 sx cmt, did not tag; sptd 46 sx plug @ 325', tagged @ 260'; circ cmt from 260' to surface. Will notify you when location is cleaned and ready for inspection.

RECEIVED

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

SIGNED

Rhonda Nelson

TITLE

Production Clerk

DATE 8/1/89

(This space for Federal or State office use)

APPROVED BY

Shannon J. Shaw

For: CHIEF, MINERAL RESOURCES

DATE 8-16-89

CONDITIONS OF APPROVAL, IF ANY:

Approved for use of well bore.
Use of well bore is limited until
surface restoration is completed.

*See Instructions or Reverse Side

Post ID-2
8-4-89
PFA