

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

EX OTT 11-0-0
SUBMIT IN TR
(Other Instruc
verse side)
Accession # 80510

DATE
OR FE

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

3. LEASE DESIGNATION AND SERIAL NO.

LC-028053(A)

6. IF INDICATE, ADDRESS OF TITLE 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.)

RECEIVED

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Marbob Energy Corporation	8. FARM OR LEASE NAME Keyes A
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310 FSL 330 FWL	10. FIELD AND PROD. OR WILDCAT Red Lake Q Grbg SA
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, RT, GK, etc.) 3532 RT
11. SEC., T., R., M., OR RGL. AND SURVEY OR AREA Sec. 10-T17S-R28E	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:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☒
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		☐

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 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 measurements pertinent to this work.)*

We propose to plug & abandon as follows:

Set cmt plug @ 1509'-1260' (tag); perf csg @ 300', circ cmt to surface inside & out. Install dry hole marker and clean location.

RECEIVED

MAY 17 11 27 AM '89

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

SIGNED Rhonda Nelson

TITLE Production Clerk

DATE 5/11/89

(This space for Federal or State office use)

APPROVED BY [Signature]

FOR:
TITLE

DATE 5-18-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side