

November 1983
formerly 9-151

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
(Other Instruction
VPERO 5116)

EXPEDITION REPORT
Exp. No. August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

LC-064832

6. 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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Marbob Energy Corporation

3. ADDRESS OF OPERATOR

P.O. Drawer 217, Artesia, New Mexico 88211-0217

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

330 FSL 600 FEL

RECEIVED

NOV 14 '88

O. C. D.

ARTESIA, NEW MEXICO

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3664' 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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON* (TA)

CHANGE PLANS

SUBSEQUENT REPORT OF:

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 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 58 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

I hereby certify that the foregoing is true and correct

SIGNED

Rhonda Nelson

TITLE

Production Clerk

DATE

July 10, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

11-16-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side