

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate*
(Other, Instruct
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires 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.)

1. OIL WELL ☐ GAS WELL ☐ OTHER PA

1'89

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 1650 FEL

7. UNIT AGREEMENT NAME
Forest Pool Unit

8. FARM OR LEASE NAME
Forest Pool Unit

9. WELL NO.

18

10. FIELD AND POOL, OR WILDCAT

Square Lake Grbg SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 34-T16S-R29E

14. PERMIT NO.

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

3637' 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)

PLUG OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

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 perti-
nent to this work.)*

Dry hole marker has been set. Location is clean and
ready for inspection.

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

SIGNED

Rhonda Nelson

TITLE

Production Clerk

DATE 8/30/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side