

November 1983)  
formerly 9-3.11)

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL GAS CONTROL PERMIT CONTROLS  
Permittees (other instructions  
reverse side)

Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO  
LC-037777 (b)  
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	<b>RECEIVED BY</b> <b>AUG -7 1986</b> <b>O. C. D.</b> <b>ARTESIA, OFFICE</b>	7. UNIT AGREEMENT NAME Forest Pool Unit
2. NAME OF OPERATOR Marbob Energy Corporation ✓		8. FARM OR LEASE NAME Forest Pool Unit
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 1650 FNL 990 <sup>FEL</sup> FNL		10. FIELD AND POOL, OR WILDCAT Square Lake G SA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3661' GR	11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Sec. 34-T16S-R29E
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" 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.) \*

Temporarily abandoned well as follows: Ran in hole with 7" EZ drill; plug set @ 1800'; test casing to 500#; circulate KW-94 chemical to surface. Job complete.

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

SIGNED [Signature] TITLE Production Clerk DATE 8-6-86

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE  DATE 8-6-86

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

