

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other Instructions
Reverse Side)

CATE*
ON re

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-037777(B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Forest Pool Unit

8. FARM OR LEASE NAME

Forest Pool Unit

9. WELL NO.

7

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

12. COUNTY OR PARISH

Eddy

13. STATE
N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

FORMER WIW 535

2. NAME OF OPERATOR

Marbob Energy Corporation

MAY 22 '89

3. ADDRESS OF OPERATOR

P.O. Drawer 217, Artesia, N.M. 88210

C. C. D.

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

1650 FNL 990 FEL

ARTESIA, OFFICE

14. PERMIT NO.

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

3661' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

(Other)

(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 and proposed date of completion. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markings and pertinent to this work.)

We propose to plug & abandon as follows:

Set cmt plug @ TD-1859' (tag); perf csg @ 900', break circ,
circ cmt to surface & leave csg full of cmt. Install dry
hole marker and clean location.

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: CHIEF, BLM

TITLE

DATE

5-18-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

MAY 12 11 50 AM '89