

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

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

458

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

AUG 11 '89

ARTESIA OFFICE

1. OIL ☒ GAS ☐ OTHER ☐

2. NAME OF OPERATOR

Marbob Energy Corporation

3. ADDRESS OF OPERATOR

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

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

330 FSL 810 FWL

7. UNIT AGREEMENT NAME

Forest Pool Unit

8. FARM OR LEASE NAME

Forest Pool Unit

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

Square Lake Grbq SA

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

Sec. 34-T16S-R29E

14. PERMIT NO.

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

3614' 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:

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 PLANS

(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 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.)

We finished plugging & abandoning well as follows:

7/20/89 Set 15 sx plug @ surface. Will notify you when 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 8/1/89

(This space for Federal or State office use)

APPROVED BY

Thomson

FOR:

CHIEF, MINERAL RESOURCES

DATE

8-10-89

CONDITIONS OF APPROVAL, IF ANY

Post ID-2

8-4-89

P & A

Approved as to plugging of the well bore.
Landing until well is returned until
surface restoration is complete.

*See Instructions or Reverse Side

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