

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRI
(Other instruction
verse side)

DATE
on re

Project Number 1004-0155
Expires August 31, 1985

451

Artesia, NM **BUREAU OF LAND MANAGEMENT**

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"/>		RECEIVED BY MAR 10 1986 O. C. D. ARTESIA, NM	7. UNIT AGREEMENT NAME <u>Forest Pool Unit</u>
2. NAME OF OPERATOR <u>Marbob Energy Corporation</u>			8. FARM OR LEASE NAME <u>Forest Pool Unit</u>
3. ADDRESS OF OPERATOR <u>P.O. Drawer 217, Artesia, N.M. 88210</u>			9. WELL NO. <u>2</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) <u>At surface</u> <u>651 FNL 517 FWL</u>			10. FIELD AND POOL, OR WILDCAT <u>Square Lake G SA</u>
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3664' GR</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 35-T16S-R29E</u>
			12. COUNTY OR PARISH <u>Eddy</u>
			13. STATE <u>N.M.</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Put on production

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" 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.)

We cleaned well out to TD; put on pump. Well tested 1 bbl oil, 3 bbl water for 24/hour period.

ACCEPTED FOR RECORD

Gurd

MAR 6 1986

CARLSBAD, NEW MEXICO

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

SIGNED

Charles Russell

TITLE

Production Clerk

DATE

3/4/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side