

November 1983  
formerly 9-343

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(OTHER INSTRUCTIONS  
REQUIRE)

DATE

EXP. DATE: 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.

9

10. FIELD AND POOL, OR WILDCAT

Square Lake Grbg SA

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

Sec. 35-T16S-R29E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

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

1980 FNL 330 FWL

14. PERMIT NO.

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

3661' DF

RECEIVED BY

JUL 13 1987

C. C. D.

ARTESIA, OFFICE

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) TA

PCLL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

X

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 pertinent to this work.)\*

We propose to temporarily abandon well as follows:

Set CIBP @ 2500', circ packer fluid to surface, test casing to 500#, return to TA status.

RECEIVED  
JUL 6 8 37 AM '87  
CARLSBAD RESOURCE  
AREA HEADQUARTERS

I hereby certify that the foregoing is true and correct

SIGNED

TITLE Production Clerk

DATE 7/1/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COPIATIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side