

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NAME
OF COPIES REQ
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
BMD60-3160-4

RECEIVED

LEASE DESIGNATION AND SERIAL NO.
LC-060476

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"/>		3a. RECEIVED Phone No. (505) 748-3303		7. UNIT AGREEMENT NAME CAMP	
2. NAME OF OPERATOR Marbob Energy Corporation		3b. RECEIVED OCT 17 '90		8. FARM OR LEASE NAME Valentine	
3. ADDRESS OF OPERATOR P. O. Drawer 217, Artesia, NM 88210		O. C. D. ARTESIA, OFFICE		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FSL 660 FWL		10. FIELD AND POOL, OR WILDCAT Square Lake		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27-T16S-R31E	
14. PERMIT NO. 30-015-87112		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4032' GR		12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.) *

9/13/90 Plugged and abandoned well as follows:

RIH/tbg, set 70 sx plug @ 3635', tagged plug @ 3167', circ hole w/salt gel, spot 30 sx plug @ 2950', perfed csg @ 1850', RIH w/7" pkr and sqzd perfs @ 1850' w/75 sx cmt, tagged plug @ 1715', perfed csg @ 800', RIH w/7" pkr and sqzd perfs @ 800' w/100 sx cmt, circ cmt to surf, tagged plug @ 640', spotted 15 sx plug @ surface.

Will notify you when location is ready for inspection.

Post ID-2
10-12-90
P+H

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

SIGNED Rhonda Nelson TITLE Production Clerk

DATE 9/26/90

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature]

DATE 10-16-90

CONDITIONS OF APPROVAL, IF ANY:

Approved on []
Liability, []
surface restoration is completed.

*See Instructions on Reverse Side