

November 1981
formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN ORIGINAL
FORM WITH INSTRUCTIONS
HEREON

RECEIVED

5. LEASE DESIGNATION AND SERIAL NO.

LC-063578

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Southern Union Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

E. Red Lake Queen Grbg

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

Sec. 27-T16S-R28E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

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

455 FSL 412 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, CR, etc.)

3642' GR

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

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

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 TA well as follows:

Pull rods & tbg, set CIBP @ 1500', test csg to 500' & circ chemical to surface. Put in TA status.

OCT 13 9 07 AM '87
CARLSBAD SURFACE
AREA HEADQUARTERS

RECEIVED

I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Production Clerk

DATE

10/9/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

11-5-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]