

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO. *458*

LC-048491-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR *Marbob Energy Corporation* ✓ *APR 07 '88*

3. ADDRESS OF OPERATOR *P.O. Drawer 217, Artesia, N.M. 88210* *O. C. ID.*

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.) *ARTESIA, NEW MEXICO*  
*At surface*  
*980 FNL 990 FSL*

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME *Saunders B*

9. WELL NO. *3*

10. FIELD AND POOL, OR WILDCAT *Red Lake O Grbq SA*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA *Sec. 13-T17S-R27E*

12. COUNTY OR PARISH *Eddy* 13. STATE *N.M.*

14. PERMIT NO.

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

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

NOTICE OF INTENTION TO:

|  |   |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |   |

SUBSEQUENT REPORT OF:

|   |  |
|---|--|
| WATER SHUT-OFF <input type="checkbox"/>                           | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>                       | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/>                    | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <i>Water disposal</i> <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 and 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.)\*

*Fiberglass tank has been set to gather all produced water from the above well. Previous facility has been removed. No oil is produced from this well. Water to be trucked from fiberglass tank. Work completed March 30, 1988.*

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

SIGNED *Rhonda Nelson*

TITLE *Production Clerk*

DATE *4/6/88*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side