

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT GIVING  
OFFICE NUMBER  
OF COPIES REQUIRED  
(Other instructions on reverse side)

BLM Roswell District  
Modified Form No.  
MD60-3160-4

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. Area Code & Phone No. (505) 748-3303		5. LEASE DESIGNATION AND SERIAL NO. NM-016786
2. NAME OF OPERATOR Marbob Energy Corporation		O. C. D. ARTESIA OFFICE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Drawer 217, Artesia, NM 88210				7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 FSL 330 FEL				8. FARM OR LEASE NAME Costaplenty <i>Field</i>
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		9. WELL NO. 2
				10. FIELD AND POOL, OR WILDCAT Square Lake Grbg SA
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1-T17S-R29E
				12. COUNTY OR PARISH Eddy
				13. STATE NM

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"/>		<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>Change in operator &amp; lease name</i>	<input checked="" 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.)\*

Change in lease name from: Pan American  
to: Costaplenty

Change in operator from: Kersey & Company  
P. O. Box 216  
Artesia, NM 88210

Effective 4/1/91

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

SIGNED *Rhonda Nelson*

TITLE *Production Clerk*

DATE *4/23/91*

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side