

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

MH Roswell District  
Modified Form No.  
M160-3160-4

5. LEASE DESIGNATION AND SERIAL NO.  
LC-061483  
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.)

1. OIL WELL  GAS WELL  OTHER  JUN 13 '90

2. NAME OF OPERATOR: Marbob Energy Corporation  
3a. Area Code & Phone No.: (505) 948-3303  
3. ADDRESS OF OPERATOR: P. O. Drawer 217, Artesia, NM 88210  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
1980 FNL 1980 FWL

7. UNIT AGREEMENT NAME: Square Lake 12 Unit  
8. FARM OR LEASE NAME: Square Lake 12 Unit  
9. WELL NO.: 187  
10. FIELD AND POOL, OR WILDCAT: Square Lake Grbg SA  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 12-T17S-R29E  
12. COUNTY OR PARISH: Eddy  
13. STATE: NM

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.): 3648' GL

16. 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Approval of emergency pit  (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 are requesting approval for an emergency pit at the above tank battery location. Pit size 25 x 25 fenced. Upon approval pit will be screened.

18. I hereby certify that the foregoing is true and correct  
SIGNED: Rhonda Nelson TITLE: Production Clerk DATE: 6/12/90  
(This space for Federal or State office use)

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

\*See Instructions on Reverse Side