Form 3160-5 (August 1999)

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

N.M. DIV 3 DISE 2 Fial No.

1301 W. Grand Avenue 731A

Artesia, N.M. 8024. Ollottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on	678970	7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well	3430, 10773	
Oil Well Gas Well Other	\2 A \\3\	8. Well Name and No.
2 Name of Operator	/ Alle popp	MARY DODD A #20
MARBOR ENERGY CORPORATION	E AUG 2002 5	9. API Well No.
3a. Address 3b. Phones		30-015-02981
PO BOX 227, ARTESIA, NM 88211-0227 (505	748-336BTESIA 31	10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)	\c <u>\c</u>	GRAYBURG JACKSON QN SA
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980 FSL 660 FWL, SEC. 14-T17S-R29E, UNIT L GRAYBURG JACKSON QN SA 11. County or Parish, State FDDY CO. NIM		
1980 FSL 660 FWL, SEC. 14-T17S-R29E, UNIT I	22232428	
		EDDY CO., NM
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
Acidize Deepen	Production (Start/	Resume) Water Shut-Off
□ Notice of Intent □ Alter Casing □ Fracture	Treat Reclamation	■ Well Integrity
Casing Repair New Con	struction Recomplete	Other WORKOVER
∑ Subsequent Report ☐ Change Plans ☐ Plug and	Abandon Temporarily Aba	ndon
Final Abandonment Notice Convert to Injection Plug Bac	= ' '	
SHEAR PACKER. POOH W/ TBG. JTS & REPLACE. RIH W/ BULL I PACKER & TEST CSG TO 500 PSI 8/2/02 - POOH W/ IPC TBG. LD PACKER. CIRC PACKER FLUID. SET PACKI FOR 30 MIN, TEST OK. RDMO W (SEE CHART ATTACHED)	WORK TO RELEASE PACK FOUND HOLES IN JT # PLUGGED PACKER. TES , TEST OK. RELEASE PICK UP REDRESSED ER, ND BOP, NU W/H A	ER. WOULD NOT UNSET. 5 & BOTTOM JT. LD BAD T TBG, TEST OK. SET PACKER. SWI SDFTD. PC PACKER AD-1. RIH.
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)		
DIANA J. CANNON,	Title PRODUCTION	ANALYST
Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date AUGUST 5, 2	002 ACCEPTED FOR RECORD
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		
	Title	Date AUG - 5 2002
Approved by Conditions of approval, if any, are attached. Approval of this notice does not was		1,5
Conditions of approval, if any, are attached. Approval of this notice does not wall certify that the applicant holds legal or equitable title to those rights in the subject which would entitle the applicant to conduct operations thereon.	Office	ALEXIS C. SWOBODA
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.		

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Aug-01-02