Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR N.
OF COPIES REQUIRED
(Other instructions on reverse side)

BLM Roswell District
Modified Form No.
NM060-3160-4

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.)

RECEIVED

NOV - 8 1991

O. C. D.
ARTESIA OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
LC-029020J

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

1.

OIL WELL [X]	GAS WELL [ ]	OTHER

2. NAME OF OPERATOR

Marbob Energy Corporation

3a. Area Code & Phone No.
505-748-3303

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

660 FNL 660 FEL Unit A

8. FARM OR LEASE NAME
Parke

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Square Lake Grbg SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3-T17S-R30E

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.)
30-015-04060	*3753' GL*

12. COUNTY OR PARISH	13. STATE
Eddy	*NM*

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]
FRACTURE TREAT		MULTIPLE COMPLETE	
SHOOT OR ACIDIZE		ABANDON*	
REPAIR WELL		CHANGE PLANS	
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREATMENT		ALTERING CASING	
SHOOTING OR ACIDIZING		ABANDONMENT*	
(Other) *Change of Operator*			[X]

(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 of Operator effective 10/1/91

Previous Operator:

SDX Resources
P. O. Box 5061
Midland, TX 79704

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

SIGNED _____ TITLE *Production Clerk* DATE *11/6/91*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001. makes it a crime for any person knowingly and willfully to _____