

November 1983
formerly 9-331

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

LEASE DESIGNATION AND SERIAL NO.
NM-7752
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY JAN 19 1987 O. C. D. ARTESIA, NM	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Marbob Energy Corporation		8. FARM OR LEASE NAME Drewery
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330 FNL 1980 FWL		10. FIELD AND POOL, OR WILDCAT Square Lake-G-SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6-T17S-R30E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3692' GR	12. COUNTY OR PARISH Eddy
		13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Change of operator

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

To change operator effective 1/1/87 from Tom L. Ingram, P.O. Box 1757, Roswell, N.M., to Marbob Energy Corporation.



I hereby certify that the foregoing is true and correct

SIGNED Carolyn L. Ingram TITLE Production Clerk

DATE 1/12/87

(This space for Federal or State Office use)

APPROVED BY Asst. Area Manager

TITLE

DATE 1-14-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

