| Form 3160-5 (July 1989) (Formerly 9-331) DEPARTMENT OF THE INTERBUREAU OF LAND MANAGEMENT | | BIM Roswell District Modified Form No. NY060-3160-4 5. LEASE DESIGNATION AND SERIAL NO. NMLC054988B |
|---|--|---|
| SUNDRY NOTICES AND REPORTS (Do not use this form for proposals to drill or to deepen or plus Use "APPLICATION FOR PERMIT—" for such | | d. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| OIL CAS OTHER SWD | | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR Marbob Energy Corporation | 3a. Area Code & Phone No. | 8. FARM OR LEADE NAME JENKINS B FEDERAL |
| 3. ADDRESS OF OPERATOR | 505-748-3303 | 9. WHILE NO. |
| P. O. Drawer 217, Artesia, NM 88210 1. LOCATION OF WELL (Report location clearly and in accordance with an | B. L. C. vill | 1 |
| See also space 17 below.) At surface | AUG - 5 1992 | Grbg Jackson SR Q Grbg S |
| 1650 FNL 330 FWL | O. C. D. | 11. SEC., T., E., M., OR BLK. AND SURVEY OR ARMA SEC. 20-T17S-R30E |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether p | FFF RT. OR. etc.) | 12. COUNTY OR PARISH 18. STATE |
| 3001504214 | | Eddy NM |
| 16. Check Appropriate Box To Indicate I | Nature of Notice, Report, or O | ther Data |
| NOTICE OF INTENTION TO: | BUBSEQU | ENT ABFORT OF: |
| TEST WATER BRUT-OFF PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING WELL |
| PRACTURE TREAT MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CABING |
| RHOUT OR ACIDIZE ABANDON* REPAIR WELL CHANGE PLANS | (Other) change opera | ator X |
| (Other) | Nurs Report results | of multiple completion on Well tion Report and Log form.) |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiner proposed work. If well is directionally drilled, give subsurface locs nent to this work.). Change operator f | rom: Parker & Parsley P.O. Box 3178 Midland, TX 7970 | Development Co. |
| | midiand, IX /9/0 | 72 |
| | to: Marbob Energy Cor | poration |
| | P.O. Drawer 217 Artesia, NM 8821 | 0 |
| Effective 8/1/92 | | |
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| Y | | |
| | NOV 112 | |
| 8. I hereby certify that the foregoing is true and correct SIGNED TITLE Proc | duction Clerk | DATE 7/30/92 |
| (This space for Federal or State office use) | | |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY: | | DATE |

*See Instructions on Reverse Side