

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well ☒ Oil Well ☐ Gas Well ☐ Other	2. Name of Operator Marbob Energy Corporation	3. Address and Telephone No. P. O. Drawer 217, Artesia, NM 88211-0217 (505)748-3303	4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650' FNL & 990' FEL; Sec.20-17S-30E	5. Lease Designation and Serial No. NMLC029342C	6. If Indian, Allottee or Tribe Name	7. If Unit or CA, Agreement Designation	8. Well Name and No. W. D. McIntyre "C" #3	9. API Well No. 300150422700S1	10. Field and Pool, or Exploratory Area Grybrg Jcksn, 7R.Q.G.S.A.	11. County or Parish, State Eddy Co., NM
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12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other <u>Change of Operator</u>	☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

The parties listed below wish to notify this Commission of the change of operator for the well described above effective 12/01/91.

FROM: Hondo Oil & Gas Company
P. O. Box 2208
Roswell, NM 88202

TO: Marbob Energy Corporation
P. O. Drawer 217
Artesia, NM 88211-0217

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

Signed Rays Miller Title Secretary Treasurer Date 11/26/91

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: