

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on
reverse side)

Modified Form No.

NM60-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

NM-43727 83541

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gissler Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Grbg Jackson SR Q Grbg SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 5-T17S-R30E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL ☐ GAS ☐ OTHER ☐ Re-Entry

2. NAME OF OPERATOR

Marbob Energy Corporation

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 FSL 1980 FEL

AUG -9 '90

C. C. D.
ARTESIA OFFICE

14. PERMIT NO.

30-015-22456

15. ELEVATIONS (Show whether DT, RT, GR, etc.)

3691.2' GR

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 COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud, cmt csg

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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 perti-
nent to this work.)

4/5/90 Drld out cmt plugs & washed to bottom 6050', circ hole,
POH, ran 144 jts. 5 1/2" OD 17# J-55 LT&C csg to 6046',
Halliburton DV tool @ 3058', cmted w/1000 sx Premium Plus
(Class C) w/6# salt per sx & 3/10 of 1% CFR-3, opened
DV tool, circ 150 sx to surf. WOC 18 hrs., tstd csg to
1500# f/30 minutes--held okay.

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

SIGNED

TITLE Production Clerk

DATE 4/9/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side