

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECD
OFFICE FOR M.
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
MD60-3160-4

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME	
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		8. FARM OR LEASE NAME Berry A Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310 FNL 990 FWL		9. WELL NO. 6	
14. PERMIT NO. 30-015-23517		15. ELEVATIONS (Show whether DP, RT, OR, etc.)	
10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q Grbg SA		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-T17S-R30E	
12. COUNTY OR PARISH Eddy		13. STATE NM	

AUG - 5 1992

O. C. D.
OFFICE

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 operator	☒		☒

(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 operator from: Parker & Parsley Development Co.
P.O. Box 3178
Midland, TX 79702

to: Marbob Energy Corporation
P.O. Drawer 217
Artesia, NM 88210

Effective 8/1/92

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

SIGNED

TITLE Production Clerk

DATE 7/30/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side