

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

PERMIT IN THE NOTIFICATION  
(Other instructions on re-  
lease side)  
Artesia, NM 88210

Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO.  
NM-016786

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Marbob Energy Corporation ✓		8. FARM OR LEASE NAME Raper Federal	
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 1980 FNL 1980 FEL		10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q G SA	
14. PERMIT NO. 30-015-25611		15. ELEVATIONS (Show whether ft., m., or gr., etc.) 3637.4' GR	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 11-T17S-R29E	
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.)		12. COUNTY OR PARISH Eddy	
		13. STATE N.M.	

RECEIVED BY  
JUN 05 1986

O. C. D.  
ARTESIA, OFFICE

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	TD, cmt		

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

TD 4560'. Ran 110 jts. 5 1/2" 17# J-55 new casing to 4545'; cmt w/300 sax Class C w/6# salt, 2/10 of 1% CFR-3 per sack; pumped plug down @ 2:30 a.m. 5/25/86 and opened DV tool @ 3475'; circulated trace of cement. Circulated 6 hours. Cemented from DV tool w/3400 sax Halliburton Lite w/15# salt; 1/2# flocele per sack; 500 sax Class C w/6# salt, 2/10 of 1% CFR-3 per sack; plug down @ 10:45 a.m. 5/25/86; circulated 350 sax. WOC 18 hours, tested casing to 1500# f/30 minutes-held okay.

ACCEPTED FOR RECORD

JUN 4 1986

CARISBAD, NE. MEXICO

I hereby certify that the foregoing is true and correct

SIGNED Wesley Ince TITLE Production Clerk DATE 52/9/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

