

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR 1 R
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Tank Battery		3a. Area Code & Phone No. 505-748-3303		5. LEASE DESIGNATION AND SERIAL NO. NM-016786	
2. NAME OF OPERATOR Marbob Energy Corporation				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Drawer 217, Artesia, NM 88210				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE1/4, Unit Letter G		RECEIVED MAR 11 1992 O. C. D. ARTESIA OFFICE		8. FARM OR LEASE NAME Raper Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.)		9. WELL NO. Tank Battery	
				10. FIELD AND POOL, OR WILDCAT Square Lake Grbg SA	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 11-T17S-R29E	
				12. COUNTY OR PARISH Eddy	
				13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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"/>	

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 type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.) *

A 2" plastic flowline running from the water storage tank located on the Raper Federal Tank Battery Pad east and south to the water injection facility location on the Boyd Dodd Federal Tank Battery, a distance of 3060'. The flowline will be laid on the surface and will be used solely for the movement of water produced from the San Andres formation and will be reinjected into the same formation on the Boyd Dodd Federal lease. The flowline will cover 1060' on the Raper Federal lease and will cover 2000' from the Boyd Dodd Federal's northern boundary south to the Boyd Dodd Federal Tank Battery.

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

SIGNED Thonda Nelson

TITLE Production Clerk

DATE 3/9/92

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side