

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ATTENTION: 38210

DATE: 12/22/86

1. LEASE DESIGNATION AND SERIAL NO.
LC-028731 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>	2. NAME OF OPERATOR Marbob Energy Corporation	3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330 FSL 1750 FWL	5. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q G SA	6. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T17S-R29E	7. COUNTY OR PARISH Eddy	8. STATE N.M.
14. PERMIT NO 30-015-25686	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3536' GR						

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETION
ABANDON*
CHANGE PLANE

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) TD, cmt csg.

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)

TD 4660'. Ran 112 jts. 5 1/2" 17.00# new casing to 4640', cemented w/2200 sax Halliburton Lite w/15# salt, 1/4# flocele per sack; and 650 sax Class C w/6# salt, 2/10 of 1% CFR-3 per sack; plug down @7:30 a.m. 12/20/86, circulated 750 sax. WOC 18 hours, tested casing to 1500# f/30 minutes-held okay.

ACCEPTED FOR RECORD

JAN 07 1987

CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED: [Signature]

TITLE: Production Clerk

DATE: 12/22/86

(This space for Federal or State office use)

APPROVED BY: [Signature]
COPIATIONS OF APPROVAL, IF ANY:

TITLE:

DATE:

*See Instructions on Reverse Side