

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SURMIT IN 1 Llicate*
(Other Instruc. is on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-056551(A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Holder "CB"

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Grbg Jackson SR Q Grbg SA

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

Sec. 17-T17S-R30E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER

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

2310 FNL 330 FWL

RECEIVED

DEC 11 '87

O. C. D.
ARTESIA, OFFICE

14. PERMIT NO.

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

3646.0' GR

16.

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

NOTICE OF INTENTION TO:

SUSSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud, 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.)

Spudded 11:30 a.m. 11/30/87. Drld 12 1/2" hole to 480', ran 11 jts 8 5/8" O.D. 24# csg to 462', cemt w/300 sx Class "C", circ 35 sx, cemt fell back 40', filled to surf w/ready mix. WOC 18 hours, test csg to 600# f/20 minutes-- held okay.

RECEIVED

DEC 3 12 10 PM '87

CALIFORNIA OFFICE
AREA OFFICERS

SJS

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

SIGNED

TITLE Production Clerk

DATE 12/2/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side