

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR. DATE*
(Other instructions on reverse side)

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

LEASE DESIGNATION AND SERIAL NO.

LC-049998(A)

IF INDIAN, ADOPTED OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Foster Eddy

WELL NO.

6

FIELD AND POOL, OR WILDCAT

Grbg Jackson SR Q Grbg SA

SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

Sec. 17-T17S-R31E

COUNTY OR PARISH STATE

Eddy

N.M.

1. OIL ☒ GAS ☐
WELL WELL OTHER

RECEIVED

2. NAME OF OPERATOR

Marbob Energy Corporation

MAY 10 1989

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

OFFICE

990 FNL 2310 FWL

14. PERMIT NO.

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

3714.3 GR

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) Spud, cmt csg

(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 2:00 p.m. 5/5/89. Drld 12 1/2" hole to 505',
ran 15 jts. 8 5/8" 32# csg to 474'; cmt w/400 sx
Class "C" 2% cc, circ 10 sxs to surf; plug down
12:15 a.m. 5/6/89. WOC 18 hours, tstd csg to
600# f/20 minutes--held okay.

Record Only

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

SIGNED

Khonda Nelson

TITLE

Production Clerk

DATE

5/9/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side