

UNITED STATES OF AMERICA  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
ARTESIA, NEW MEXICO 88210

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

clsf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.)  
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 Foster Eddy	
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, New Mexico 88211-02		9. WELL NO. 8	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330 FNL 1650 FWL		10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q Grbg SA	
14. PERMIT NO.		15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3701.2' GL	
16. PERMIT NO.		12. COUNTY OR PARISH Eddy	
16. PERMIT NO.		13. STATE N.M.	

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 checked="" type="checkbox"/>
(Other) Spud, cemt 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 8:00 a.m. 9/13/89. Drld 12 1/4" hole to 475'; ran 11 jts 8 5/8" 24# csg to 462'; cmt w/300 sx Class "C", circ 80 sx to surf; plug down 5:45 p.m. 9/13/89. WOC 18 hours, tstd csg to 600# f/20 minutes--held okay.

SEP 13 10 16 AM '89  
OAR  
AREA

RECEIVED

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

SIGNED Rhonda Nelson TITLE Production Clerk DATE 9/18/89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

SJS