

SEP 04 1996

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Marbob Energy Corporation

3. Address and Telephone No.

P. O. Drawer 227, Artesia, NM 88210 (505) 748-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

52C.14
2180' FSL & 860' FWL T-17-S R-29-E Unit L

5. Lease Designation and Serial No.

LC-028731B-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Little Wing Fed Comm #1

9. API Well No.

30-015-26198

10. Field and Pool, or Exploratory Area

Grayburg

11. County or Parish, State

Eddy, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

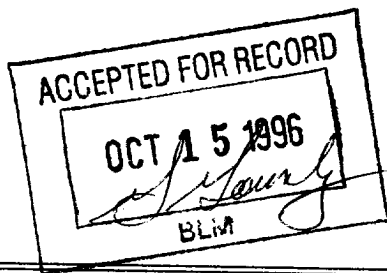
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☒ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other _____
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

- 1) Set 5-1/2 CIBP @ 10650' Cap W/35' cement
- 2) Load hole W/mud to 4400'
- 3) Spot 25 sx cement Plug @ 7671'
- 4) Cut & pulled 5-1/2 casing from 4454'
- 5) Perforated 5-1/2" casing @ 4515' & 4476'
- 6) Spotted 45 sx cement across 8-5/8 shoe 5-1/2 stub @ 4560' W.O.C. Tag cement top @ 4396'



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

Signed Elicia K. Kline

Title District Secretary

Date 8-30-96

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any: _____

Title _____

Date _____

