

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECD  
OFFICE FOR MAJOR  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

BLM Roswell District  
Modified Form No.  
NM60-3160-4

CLSP

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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"/>		DEC 20 '90	
2. NAME OF OPERATOR Marbob Energy Corporation		3a. Area Code & Phone No. (505) 748-3303 O.C.U.	
3. ADDRESS OF OPERATOR P. O. Drawer 217, Artesia, NM 88210		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  330 FNL 1650 FEL		9. WELL NO. 7	
14. PERMIT NO. 30-045-26230		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3749.0' GR	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q Grbg SA	
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.) *		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 17-T17S-R31E	
18. I hereby certify that the foregoing is true and correct		12. COUNTY OR PARISH Eddy	
SIGNED <i>Rhonda Nelson</i>		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

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 5540' 11/27/90. Ran 127 jts. 5 1/2" O.D. 17# LT&C csg to 5520', DV tool @ 4461.5', cmtd 1st stage w/225 sx Class C w/6# salt/sx, 3/10 of 1% Halad 322, circ 40 sx, cmtd 2nd stage w/1700 sx Class C w/6# salt/sx, 4/10 of 1% Halad 322, circ 100 sx to surf, plug down @ 12:20 a.m. 11/29/90. WOC 18 hrs., tstd csg to 1500# f/30 minutes--held okay.

RECEIVED  
DEC 11 11 09 AM '90  
CARL H. AREA

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

SIGNED

TITLE Production Clerk

DATE 12/7/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side