

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUM  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

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

SUNDRY NOTICES AND REPORTS ON WELLS

(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"/>		3a. Area Code & Phone No. 505-748-5503		6. LEASE DESIGNATION AND SERIAL NO. LC-049998 (A)	
2. NAME OF OPERATOR Marbob Energy Corporation		NOV 14 1991 O. C. D. ARTESIA OFFICE		7. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Drawer 217, Artesia, NM 88210				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650 FSL 2160 FEL				8. FARM OR LEASE NAME Foster Eddy	
				9. WELL NO. 11	
				10. FIELD AND POOL, OR WILDCAT Grbq Jackson SR Q Grbq SA	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-17S-31E	
14. PERMIT NO. 30-015-26231		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3697.2' GR		12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Intermediate csg	
(Other) <input type="checkbox"/>		(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.) \*

Drld 12 1/4" hole to 525', ran 12 jts. 8 5/8" OD 24#  
J-55 csg to 517', cmt'd w/200 sx Class C w/10# Gilsonite,  
1/2# Floseal, & 2% CC, and 200 sx Class C w/2% CC, circ  
25 sx, plug down @ 5:00 p.m. 10/28/91. WOC 18 hrs.,  
tstd csg to 600# f/20 minutes--held okay.

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

SIGNED

TITLE Production Clerk

DATE 11/1/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side