

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

4/5

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 ☒ GAS WELL ☐ OTHER ☐		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, NM 88210		9. WELL NO. 11	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirement. See also space 17 below.) At surface 1650 FSL 2160 FEL		10. FIELD AND POOL, OR WILDCAT Grbq Jackson SR Q Grbq SA	
14. PERMIT NO. 30-015-26231		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3697.2' GR	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-17S-31E	
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.)		12. COUNTY OR PARISH Eddy	
		18. STATE NM	

RECEIVED

NOV 21 1991

O. C. D.
ARTESIA OFFICE

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANE ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) Intermediate csg ☒

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

Drl'd 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 Chonda Nelson

TITLE Production Clerk

DATE 11/1/91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

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