

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District
Modified Form No.
NM060-3160-4

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		3a. Area Code & Phone No. (505) 748-3303		5. LEASE DESIGNATION AND SERIAL NO. LC-049998(A)	
2. NAME OF OPERATOR Marbob Energy Corporation				6. 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 S 2310 FWL 1650 FEL		JAN-9 '91 O. C. D. ARTESIA, OFFICE		8. FARM OR LEASE NAME Foster Eddy Federal	
				9. WELL NO. 9	
				10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q Grbg SA	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-T17S-R31E	
14. PERMIT NO. 30-015-26273		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3708.5' 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:

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) TD, cmt csg	<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.)*

TD 5560' 12/10/90, ran 127 jts. 5 1/2" O.W.D. 17# EW J-55 csg to 5536.80', DV tool @ 4420', cmtd 1st stage w/250 sx Class C w/6# salt per sx & 4/10 of 1% Halad 322, circ 25 sx, cmtd 2nd stage w/2300 sx Class C w/6# salt per sx & 4/10 of 1% Halad 322, circ 150 sx to surface, plug down @ 1:45 p.m. 12/12/90. WOC 18 hrs., tstd csg to 1500# f/30 minutes--held okay.

FILED FOR RECORD
JAN 7 1991
SAND NEW MEXICO

RECEIVED
JAN 4 10 45 AM '91
CART AREA

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

SIGNED Phonda Nelson TITLE Production Clerk DATE 1/2/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side