

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NARRATIVE
OF COPIES REQUIRED
(Other instructions on reverse side)

RECEIVED

20-015-26308

BLM Roswell District
Modified Form No.
NND60-3160-4

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) 748-3303		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 2310 FNL 1650 FWL				8. FARM OR LEASE NAME Foster Eddy	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3718.6' GR		9. WELL NO. 10	
				10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR O Grbg SA	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-T17S-R31E	
				12. COUNTY OR PARISH Eddy	
				18. STATE NM	

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) Reinstatement of APD	<input checked="" 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 type="checkbox"/>
(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.)

Marbob Energy Corporation requests a reinstatement until March 31, 1992 of our Application for Permit to Drill on the above mentioned well which was cancelled per your letter of April 24, 1991.

Post ID-1
8-16-91
Re-instate Exp. Indent

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

SIGNED Robin Smith

TITLE Production Clerk

DATE 8/7/91

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE Production Clerk

DATE 8/9/91

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 7 MONTH PERIOD
ENDING 4/1/92

*See Instructions on Reverse Side