

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District
Modified Form No.
M060-3160-4

458

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"/>		2. NAME OF OPERATOR Marbob Energy Corporation		3a. Area Code & Phone No. 505-748-3303		5. LEASE DESIGNATION AND SERIAL NO. LC-049998(A)	
3. ADDRESS OF OPERATOR P. O. Drawer 217, Artesia, NM 88210		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		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME	
14. PERMIT NO. 30-015-26308		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3718.6' GR		8. FARM OR LEASE NAME Foster Eddy		9. WELL NO. 10	
				10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q Grbg SA		11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA Sec. 17-T17S-R31E	
				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 PLANE	<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 type="checkbox"/>
(Other) Spud, cmt csg	<input checked="" 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.)*

Spudded @ 12:45 p.m. 11/11/91. Drld 17 1/2" hole to 228', ran 5 jts. 13 3/8" OD 54.5# csg. to 211', cmtd w/225 sx Class C w/2% CC, circ 35 sx, plug down @ 8:30 p.m. 11/11/91. WOC 18 hrs., tstd csg to 600# f/20 minutes--held okay.

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

SIGNED Rhonda Nelson TITLE Production Clerk

DATE 11/20/91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side