

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BH Roswell District
Modified Form No.
ND60-3160-4

dsf

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		DEC 4 1991	
2. NAME OF OPERATOR Marbob Energy Corporation ✓		3a. Area Code, Phone No. 505-748-3303	
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			
14. PERMIT NO. 30-015-26308		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3718.6' GR	
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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

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PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANE

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

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REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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(Other) Intermediate csg

(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 1348', ran 30 jts. 8 5/8" OD 24# J-55 csg to 1348', cmted w/750 sx Class C w/2% CC, circ 100 sx, plug down @ 1:30 p.m. 11/13/91. 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 11/20/91

(This space for Federal or State office use)

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

*See Instructions on Reverse Side