

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District
Modified Form No.
MD60-3160-4

415P

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-028731B	
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 1980 FEL 810 FNL, UNIT B		8. FARM OR LEASE NAME DELTA WING FEDERAL	
14. PERMIT NO. 30-015-26309		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, or C.D.) RECEIVED NOV 5 1992 O.C.D. INT'L. CORP.		10. FIELD AND POOL, OR WILDCAT GRAYBURG MORROW	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 15-T17S-R29E	
		12. COUNTY OR PARISH Eddy	
		18. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) CASING TEST <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 and 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.)

TEST CASING
Marbob Energy Corporation proposes to TA well as follows:

Set CIBP @ 8315', 75' above top perf (8390'), circ hole w/pkr fluid, tst csg to 500# for 30 minutes.

~~We request this well to remain in TA status for 1 yr. while we review this well for future water disposal.~~

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

SIGNED

Rhonda Nelson

TITLE Production Clerk

DATE 10/19/92

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 10/30/92

*See Instructions on Reverse Side

