

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District
Modified Form No.
MMD60-3160-4

c15F

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-056551 (A)	
2. NAME OF OPERATOR Marbob Energy Corporation		3a. Area Code & Phone No. (505) 748-3303	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 1295 FNL 990 FWL		8. FARM OR LEASE NAME Holder CB Federal	
14. PERMIT NO. 30-015-26529		9. WELL NO. 5	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3659.8' GR		10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q Grbg SA	
ARTESIA, OFFICE		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-T17S-R30E	
		12. COUNTY OR PARISH Eddy	13. STATE NM

RECEIVED

JAN-9 '91

O. C. D.

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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Spud, cmt csg</u>	<input checked="" 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.)*

Spudded @ 4:00 p.m. 12/13/90. Drild 12 1/4" hole to 489', ran 11 jts. 8 5/8" O.D. 24# J-55 csg to 487', cmtd w/325 sx Class C w/2% CC, circ 75 sx to surface, plug down @ 1:15 p.m. 12/14/90. WOC 18 hrs., tstd csg to 600# f/20 minutes--held okay.

RECEIVED
JAN 4 10 45 AM '91
CARROLL COUNTY OFFICE
AREATA

APPROVED BY
Asa
JAN 7 1991

18. I hereby certify that the foregoing is true and correct
SIGNED Richard Nelson TITLE Production Clerk DATE 1/2/91

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side