

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTAINS RECEIVING  
OFFICE FOR NUM  
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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Marbob Energy Corporation		3a. Area Code & Phone No. (505) 748-3303	8. FARM OR LEASE NAME Holder CB Federal
3. ADDRESS OF OPERATOR P. O. Drawer 217, Artesia, NM 88210		9. WELL NO. 5	
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		10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q Grbg SA	
14. PERMIT NO. 30-015-26529		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-T17S-R30E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3659.8' GR		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:

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)	<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 checked="" type="checkbox"/>
(Other) Spud, cmt 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.)\*

Spudded @ 4:00 p.m. 12/13/90. Drilled 12 1/4" hole to 489', ran 11 jts. 8 5/8" O.D. 24# J-55 csg to 487', cmt'd 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  
CARBON  
AREAS

FOR  
A  
JAN 7 1991

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

SIGNED Rhonda 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