

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NO.
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BH Roswell District
Modified Form No.
NM60-3160-4

215 F

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"/>		3a. Area Code & Phone No. (505) 748-3303		5. LEASE DESIGNATION AND SERIAL NO. LC-028785(A)	
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 330 FSL 990 FWL		RECEIVED JAN 18 '91		8. FARM OR LEASE NAME S. L. Federal	
14. PERMIT NO. 30-015-26541		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3635.3' GR		9. WELL NO. 1	
		O. C. D. ARTESIA, OFFICE		10. FIELD AND POOL, OR WILDCAT Square Lake Grbg SA	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12-T17S-R29E	
				12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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)			

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) TD, 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.) *

TD 4580' 1/7/91. Ran 105 jts. 5 1/2" OD 17# EW csg to 4561.29', cmt'd w/1800 sx Class C w/3/10 of 1% Halad 322, did not circ, ran temp survey TOC 420', plug down @ 7:41 a.m. 1/8/91. WOC 18 hrs., tstd csg to 1500# f/30 minutes--held okay.

AB

RECEIVED
JAN 10 10 45 AM '91
OAS
ARE

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

SIGNED

Rhonda Nelson

TITLE Production Clerk

DATE 1/9/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side