Form 3160-5 (June 1990)

Final Abandonment Notice

## ED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED	(
Budget Bureau No. 1004-0135	'

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Budget Bureau No. 1004-0135	,			
Expires: March 31, 1993				

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5.	Lease	Designation	and	Serial	No.

Water Shut-Off

Dispose Water

Conversion to Injection

(Note: Report results of multiple completion on Well

LC-028775B SUNDRY NOTICES AND REPORTS ON WELLS 6. If Indian, Allottee or Tribe Name Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE 1. Type of Well Oil Well 8. Well Name and No. 2. Name of Operator BARNSDALL FED. #5 MARBOB ENERGY CORPORATION 9. API Well No. 3. Address and Telephone No. 30-015-29339 P. O. BOX 227, ARTESIA, NM 10. Field and Pool, or Exploratory Area 505-748-3 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) EAST EMPIRE; YESO 1650 FNL 2310 FWL SEC. 27-T17S-R29E UNIT F 11. County or Parish, State EDDY COUNTY, NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 12. TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandonment Change of Plans Recompletion **New Construction** Subsequent Report Plugging Back Non-Routine Fracturing

Completion or Recompletion Report and Log form. 13. 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.)\*

Casing Repair

MARBOB ENERGY CORPORATION REQUESTS A ONE (1) YEAR EXTENSION OF THIS APD.

EXTENSION

APPROVED FOR 12 MONTH PERIOD

ENGLISH 1-15-99

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14. I have been to that the foregoing is the and correct  Signed  Title	PRODUCTION CLERK	Date _	1/15/98
Approved by State Office use)  Approved by Conditions of approval, if any:	PETROLEUM ENGINEER	Date _	MED CO DO