

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Division
3118 1st St
Artesia NM 88210-2834

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-060527
2. Name of Operator MARBOB ENERGY CORPORATION	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. BOX 227, ARTESIA, NM 88210 505-748-3303	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650 FSL 2310 FEL SEC. 17-T17S-R30E UNIT J	8. Well Name and No. RED FEDERAL #2
	9. API Well No. 30-015-30143
	10. Field and Pool, or Exploratory Area LOCO HILLS PADDOCK
	11. County or Parish, State EDDY, NM

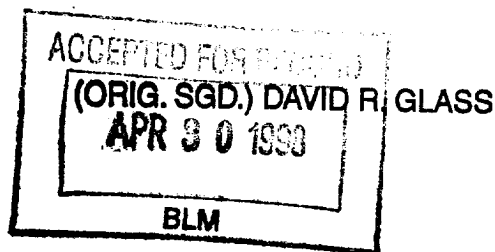
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other TD. CMT CSG	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well 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.)*

TD WELL @ 4:30 A.M. 4/19/98. DRLD 7 7/8" HOLE TO 4815', RAN 112 JTS 5 1/2" 17# CSG TO 4805', CMTD 1ST STAGE W/300 SX 50/50 POZ, PLUG DOWN @ 5:00 A.M. 4/20/98, CIRC 50 SX TO SURF, CMTD 2ND STAGE W/600 SX HALL LITE & 275 SX 50/50 POZ, PLUG DOWN @ 11:00 A.M., CIRC 125 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK. DV TOOL @ 3236'.



RECEIVED
ARTESIA

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

Signed Robin Cochran Title PRODUCTION CLERK Date 4/21/98

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: