

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Division

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
Lease Designation and Serial No.

LC-029342C

**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<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 6. If Indian, Allottee or Tribe Name                          |
| 2. Name of Operator<br>MARBOB ENERGY CORPORATION   | 7. If Unit or CA, Agreement Designation                       |
| 3. Address and Telephone No.<br>P. O. BOX 227, ARTESIA, NM 88210 505-748-3303  | 8. Well Name and No.<br>TYLER FEDERAL #1                      |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>990 FNL 940 FWL, SEC. 21-T17S-R30E UNIT D              | 9. API Well No.<br>30-015-30215                               |
|  | 10. Field and Pool, or Exploratory Area<br>LOCO HILLS PADDOCK |
|  | 11. County or Parish, State<br>EDDY, NM                       |

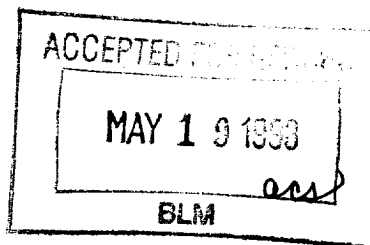
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION                                    | TYPE OF ACTION  |  |
|---|---|--|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Abandonment                  | <input type="checkbox"/> Change of Plans         |
| <input checked="" 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 @ 1:30 A.M. 5/10/98. DRLD 7 7/8" HOLE TO 4850', RAN 116 JTS 5 1/2" J-55 17# CSG TO 4876', CMTD 1ST STAGE W/400 SX PREM PLUS, PLUG DOWN @ 2:00 A.M. 5/11/98, CIRC 65 SX TO SURF, CMTD 2ND STAGE W/750 SX HALL LITE & 350 SX 50/50 POZ, PLUG DOWN @ 8:00 A.M., CIRC 100 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK. DV TOOL @ 3305'.



I hereby certify that the foregoing is true and correct.  
Signed Rhonda Nelson Title PRODUCTION CLERK Date 5/12/98  
(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: