

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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  
☒ Oil Well ☐ Gas Well ☐ Other  
2. Name of Operator  
MARBOB ENERGY CORPORATION  
3. Address and Telephone No.  
P.O. BOX 227, ARTESIA, NM 88210 505-748-3303  
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
330 FSL 736 FWL, SEC. 19-T17S-R31E LOT 4  
iS

5. Lease Designation and Serial No.  
LC-029395A  
6. If Indian, Allottee or Tribe Name  
7. If Unit or CA, Agreement Designation  
8. Well Name and No.  
TONY FEDERAL #9  
9. API Well No.  
30-015-30384  
10. Field and Pool, or Exploratory Area  
CEDAR LAKE YESO  
11. County or Parish, State  
EDDY CO., NM

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

TYPE OF SUBMISSION

TYPE OF ACTION

☐ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

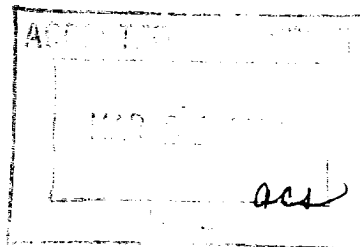
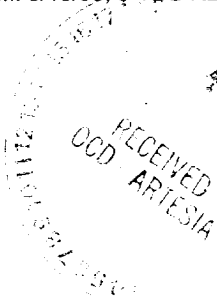
☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other SPUD, CMT CSG

☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ 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.)\*

SPUD WELL @ 3:00 P.M. 3/14/00. DRLD 17 1/2" HOLE TO 469', RAN 11 JTS 13 3/8" J-55 48# CSG TO 465', CMTD W/450 SX CLASS C, PLUG DOWN @ 9:15 A.M. 3/15/00, 9 YDS READY MIX TO SURF. WOC 18 HRS, TSTD CSG TO 600# FOR 20 MINUTES - HELD OK.



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

Signed Robin Cochran

Title PRODUCTION ANALYST

Date 03/17/00

(This space for Federal or State office use)

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

Title \_\_\_\_\_

Date \_\_\_\_\_