

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.
LC-028775A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

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)

1650 FSL 2310 FEL, SEC. 27-T17S-R29E UNIT J

8. Well Name and No.

B 440 FEDERAL #4

9. API Well No.

30-015-30477

10. Field and Pool, or Exploratory Area

EAST EMPIRE YESO

11. County or Parish, State

EDDY, NM

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

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other TD, 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.)

TD WELL @ 1:15 A.M. 9/3/99. DRLD 12 1/4" HOLE TO 4812', RAN 117 JTS 5 1/2" 17# J-55 LT&C CSG TO 4804', CMTD 1ST STAGE W/400 SX MOD SUPER H, PLUG DOWN @ 7:00 A.M. 9/4/99, CIRC 90 SX TO SURF, CMTD 2ND STAGE W/900 SX HALL LITE & 200 SX MOD SUPER H, PLUG DOWN @ 2:00 P.M., CIRC 150 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK. DV TOOL @ 3238'.



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

Signed

Robin Cechum

Title

PRODUCTION ANALYST

Date

09/17/99

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date