

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division
811 S. 1st Street
Artesia, NM 88210-2834

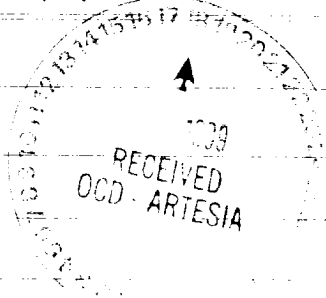
C15F

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)
245 FNL 1499 FWL, SEC. 19-T17S-R31E UNIT C

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 #6Y
9. API Well No.
30-015-30721
10. Field and Pool, or Exploratory Area
CEDAR LAKE YESO
11. County or Parish, State
EDDY, NM

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

TYPE OF SUBMISSION

TYPE OF ACTION

- Notice of Interest
- Subsequent Report
- Final Abandonment Notice

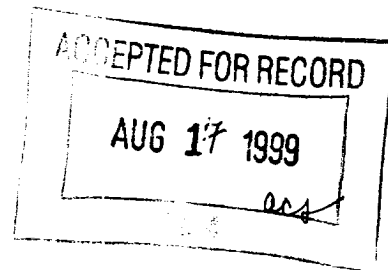
- Abandonment
- Recompletion
- Plugging Back
- Casing Repair
- Altering Casing
- Other SPUD, CMT CSG

- 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. 8/11/99. DRILD 17 1/2" HOLE TO 467', RAN 10 JTS 13 3/8" J-55 48# CSG TO 467', CMTD W/450 SX PREM PLUS, PLUG DOWN 9:15 P.M. 8/12/99, CIRC 157 SX 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 Cockrum Title PRODUCTION ANALYST
(This space for Federal or State office use)

Date 08/16/99

Approved by
Conditions of approval, if any:

Title

Date

10/17/99 10:10 AM

RECEIVED

AUG 17 '99

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