

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-029395A

6. If Indian, Allottee or Tribe Name

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)

990 FSL 865 FEL, SEC. 18-T17S-R31E UNIT P

7. If Unit or CA, Agreement Designation

8. Well Name and No.

TONY FEDERAL #14

9. API Well No.

30-015-31083

10. Field and Pool, or Exploratory Area

CEDAR LAKE 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

- ☐ 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.)

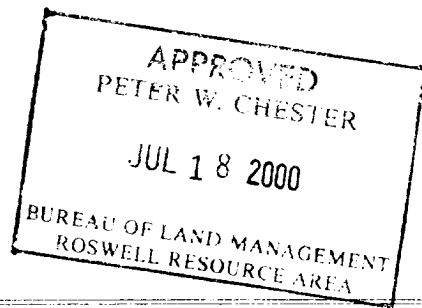
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

REVISE CSG PROGRAM AS FOLLOWS:

17 1/2" HOLE, 48# J-55 13 3/8" CSG TO 450', CMT W/300 SX, CIRC

12 1/4" HOLE, 24# J-55 8 5/8" CSG TO 1250 +/- (BASE OF SALT), CMT SUFFICIENT TO TIE IN

7 7/8" HOLE, 17# J-55 5 1/2" CSG TO 6000', CMT SUFFICIENT TO COVER 200' ABOVE ALL KNOWN OIL & GAS HORIZONS



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

Signed

Robin Cockrum

Title PRODUCTION ANALYST

Date 07/12/00

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date