

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2894

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
License Registration and Serial No.
LC-029395A

4/5F

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.

PO BOX 227, ARTESIA, NM 88210 505-748-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

205' FSL 430' FEL, SEC. 18-T17S-R31E

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

TONY FEDERAL #18

9. API Well No.

30-015-31577

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

Notice of Intent

☒ Subsequent Report

Final Abandonment Notice

TYPE OF ACTION

Abandonment

Recompletion

Plugging Back

Casing Repair

Altering Casing

☒ Other INTERMEDIATE CSG, CMT

Change of Plans

New Construction

Non-Routine Fracturing

Water Shut-Off

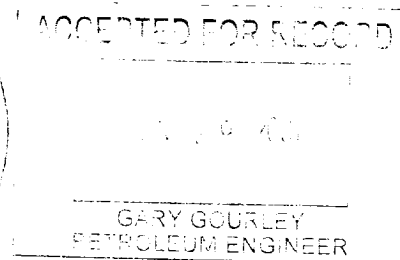
Conversion to Injection

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.)

DRLD 12 1/4" HOLE TO 1363", RAN 32 JTS 8 5/8" 24# CSG TO 1347', CMTD W/ 450 SX H?L P+, TAIL W/ 200 SX P+, PLUG DOWN @ 10:15 PM 6/21/01, CIRC140 SX TO SURF, PUMP 50 SX P+ CAP DOWN BACKSIDE. WOC 18 HRS. TSTD CSG TO 1500# FOR 30 MINUTES-HELD OK.



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

Signed

(This space for Federal or State office use)

Title PRODUCTION ANALYST

Date 06/25/01

Approved by
Conditions of approval, if any:

Title

Date

RECEIVED
JUN 2001
JUN
ELL, N.Y.