

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRII  
(Other instruction  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

clsf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different level or for  
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

|                                                                                                                                                             |  |                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                            |  | AUG 11 '89                                                            |  |
| 2. NAME OF OPERATOR<br>Marbob Energy Corporation                                                                                                            |  | O. C. D.                                                              |  |
| 3. ADDRESS OF OPERATOR<br>P.O. Drawer 217, Artesia, New Mexico 88211-0217                                                                                   |  | ARTESIA, OFFICE                                                       |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>1650 FNL 2310 FWL |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-015068                      |  |
| 14. PERMIT NO.                                                                                                                                              |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                  |  |
| 15. ELEVATIONS (Show whether OF, RT, OR, etc.)<br>3420' GR                                                                                                  |  | 7. UNIT AGREEMENT NAME                                                |  |
|                                                                                                                                                             |  | 8. FARM OR LEASE NAME<br>McKee Wilson                                 |  |
|                                                                                                                                                             |  | 9. WELL NO.<br>5                                                      |  |
|                                                                                                                                                             |  | 10. FIELD AND POOL, OR WILDCAT<br>Turkey Track SR Q Grbg SA           |  |
|                                                                                                                                                             |  | 11. SEC. T. R. M., OR BLM, AND<br>SURVEY OR AREA<br>Sec. 34-T18S-R29E |  |
|                                                                                                                                                             |  | 12. COUNTY OR PARISH<br>Eddy                                          |  |
|                                                                                                                                                             |  | 13. STATE<br>N.M.                                                     |  |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                      |                                               | SUBSEQUENT REPORT OF:                          |                                                                                                       |
|----------------------------------------------|-----------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>                                                               |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/>                                                              |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input checked="" type="checkbox"/>                                                      |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>               | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |
| (Other) <input type="checkbox"/>             |                                               |                                                |                                                                                                       |

17. 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.)

We plugged & abandoned well as follows:

5/23/89 Set 25 sx plug @ 2100', tagged @ 1760', sptd 25 sx plug @ 1700'; perfed csg @ 930', sqd w/80 sx cmt, tagged @ 780'; perfed csg @ 300', could not pmp into; perfed csg @ 200', sqd w/50 sx cmt, tagged @ 150'; circ cmt to surface. Will notify you when location is cleaned and ready for inspection.

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18. I hereby certify that the foregoing is true and correct  
SIGNED Rhonda Wilson TITLE Production Clerk DATE 8/1/89

(This space for Federal or State office use)

APPROVED BY Sammy Shaw FOR: CHIEF, MINERAL RESOURCES DATE 8-10-89  
CONDITIONS OF APPROVAL, IF ANY:

Approved as to plugging of the well bore.  
Liability on well is retained until  
surface restoration is completed.

\*See Instructions on Reverse Side

Post ID-2  
8-4-89  
P49