

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR M
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

6. LEASE DESIGNATION AND SERIAL NO.

LC-029395(B)

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 plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER TA

2. NAME OF OPERATOR
Marbob Energy Corporation

3a. Area Code & Phone No.
505-748-3303

3. ADDRESS OF OPERATOR
P. O. Drawer 217, Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

380 FNL 2310 FEL, Unit letter B

RECEIVED

SEP 22 1992

O. C. D.

RECEIVED

14. PERMIT NO.
30-015-05453

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
3688'

9. WELL NO.
69

10. FIELD AND POOL, OR WILDCAT
Cedar Lake Abo

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 29-T17S-R31E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
RIIOOT OR ACIDIZING
REPAIR WELL
(Other)

FULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
RIIOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

Requesting TA status

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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 perti-
nent to this work.)

Marbob Energy requests this well to remain in TA status
pending approval to convert to a water disposal well.
A copy of casing integrity chart enclosed.

APPROVED FOR 12 MONTH PERIOD

ENDING 9/15/93

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

SIGNED

Rhonda Nelson

TITLE Production Clerk

DATE 9/15/92

(This space for Federal or State office use)

APPROVED BY Adam Salameh
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 9/18/92

*See Instructions on Reverse Side

9/26/91

