

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION

Drawer DD

Artesia, NM 88210

FORM APPROVED  
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  
**C.F.M. OIL COMPANY**

3. Address and Telephone No.  
**P.O. BOX 1176    Artesia, NM 88210    (505) 746-4787**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**990 FNL 330 FEL, SEC. 22-T18S-R27E, UNIT A**

5. Lease Designation and Serial No.  
**NM-13987**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
**COBB FEDERAL #1**

9. API Well No.  
**30-015-23187**

10. Field and Pool, or Exploratory Area  
**ARTESIA QUEEN GRBG SA**

11. County or Parish, State  
**Eddy County, NM**

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <b>CHANGE OF OPERATOR</b>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion or Completion or Recompletion Report and Log for)

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.)\*

EFFECTIVE 1/1/95 C.F.M. OIL COMPANY ASSUMED OPERATIONS OF THIS WELL FROM MARBOB ENERGY CORPORATION. C.F.M. OWNS OPERATING RIGHTS TO THIS LEASE, SO NO STATEMENT OF RESPONSIBILITY WILL BE REQUIRED.



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

Signed [Signature] Title OWNER Date 8/30/95

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.