

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**A OIL CONS COMMISSION**  
**Drawer DD** FORM APPROVED  
Budget Bureau No. 1004-0135  
**Artesia, NM 88210** 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)

2290 FNL 330 FEL, SEC. 22-T18S-R27E, UNIT H

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 #2

9. API Well No.

30-015-23368

10. Field and Pool, or Exploratory Area

ARTESIA QUEEN GRBG SA

11. County or Parish, State

Eddy County, NM

12. CHECK APPROPRIATE BOX(ES) 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 OPERATOR  
 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.)\*

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.



OCT 12 11 13 AM '95

RECEIVED

1995  
SJS

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: