

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other Instructions
reverse side)

Modified Form No.

NM60-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

NM-036194

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Welch Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Millman O Grbg, E.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 22-T19S-R28E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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 WDW

2. NAME OF OPERATOR

Marbob Energy Corporation

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

RECEIVED

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

1650 FNL 2310 FWL

JAN -4 '90

A. C. D.

ARTESIA, OFFICE

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3407' DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 pertinent to this work.)*

We propose to repair well as follows:

Pull pkr & tbq, if hole in tbq will replace hole in tbq,
if hole in csg will sq hole in csg and put well back on
injection.

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

SIGNED

TITLE Production Clerk

DATE 1/2/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side