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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER OF COPIES REQUIRED (Other instructions re-verse side)

Modified Form No. NM060-3160-4

c15f

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.)

RECEIVED

5. LEASE DESIGNATION AND SERIAL NO.: NM-036194

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

1. OIL WELL ☐ GAS WELL ☐ OTHER WDW

2. NAME OF OPERATOR: Marbob Energy Corporation

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

8. FARM OR LEASE NAME: Welch Federal

9. WELL NO.: 2

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

10. FIELD AND POOL, OR WILDCAT: Millman Q Grbg, East

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 22-T19S-R28E

12. COUNTY OR PARISH: Eddy

13. STATE: NM

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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	X	CHANGE PLANS	☐	(Other)			
(Other)				(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.) *

To correct intent of repair on well as follows:

Pull pkr & tbg, if hole in tbg will replace jt. of tbg, if hole in csg will sqz hole in csg, tst csg to 500# for 15 minutes, put well back on injection.

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

SIGNED Rhonda Nelson TITLE Production Clerk DATE 1/11/90

(This space for Federal or State office use)

APPROVED BY [illegible] TITLE [illegible] DATE 1-7-90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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 [illegible]