

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR RECORDS
OF COPIES REQUIRED
(Other instructions
verse 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, East

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

Sec. 22-T19S-R28E

12. COUNTY OR PARISH

Eddy

13. STATE

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

3. ADDRESS OF OPERATOR

P. O. Drawer 217, Artesia, NM 88210

FEB -7 '90

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

O. C. D.
ARTESIA OFFICE

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, 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.)*

1/18/90 RU, released pkr, pulled 1 jt. of tbq, found hole in tbq, replaced tbq w/1 jt. plastic coated tbq, circ pkr fluid, set pkr back as was, tst csg to 300# for 15 minutes--held okay. Put back on injection.

ACCEPTED FOR RECORD

Adam

FEB 5 1990

CARLSBAD, NEW MEXICO

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

SIGNED

Rhonda Nelson

TITLE Production Clerk

DATE 1/26/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

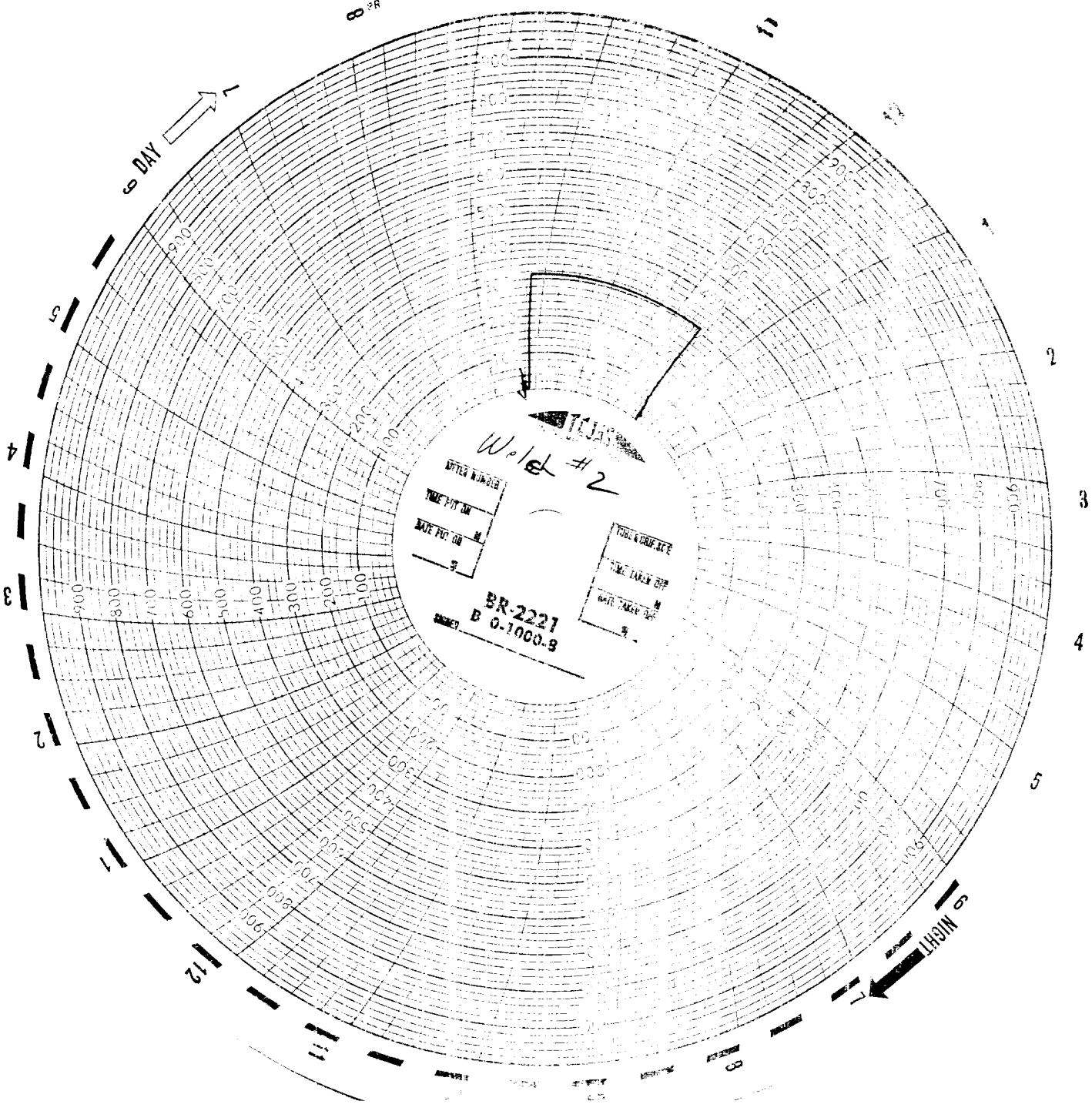
TITLE

DATE

*See Instructions on Reverse Side

8 PR

DAY



NIGHT

RECEIVED

JAN 29 1980

C. D.
ARTESIA OFFICE