

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMSO MICROGRAPHICS = 943B

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. NM-0560352 | |
| 2. NAME OF OPERATOR Marbob Energy Corporation | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330 FNL 844 FWL | | 8. FARM OR LEASE NAME Pure Fed. | |
| 14. PERMIT NO. | | 9. WELL NO. 1 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3568' DF | | 10. FIELD AND POOL, OR WILDCAT Shugart | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31-T18S-R31E | |
| | | 12. COUNTY OR PARISH Eddy | |
| | | 13. STATE N.M. | |

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

NOTICE OF INTENTION TO:

| | | | |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|--------------------------|-----------------|-------------------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input checked="" type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <input type="checkbox"/> |

(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.)*

1/17/84

This well was plugged and abandoned as follows: Set 25 sack plug 3622-3476', tagged @ 3476'; set 25 sack plug 3476-3300', tagged @ 3300'; cut and pulled 1650' casing; set 50 sack plug 1700-1480', tagged @ 1480'; set 50 sack plug 845-745', tagged @ 724'; set 50' plug @ surface, set dry hole marker, location has been cleaned, pits will be covered as soon as they are dry.

RECEIVED

DEC 31 '90

O. C. D.
ARTESIA, OFFICE

RECEIVED
JAN 30 10 51 AM '84
BUREAU OF LAND MANAGEMENT
ROSENBLUTH DISTRICT

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

SIGNED Carroll Davis TITLE Production Clerk DATE 1/26/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 12/20/90
CONDITIONS OF APPROVAL, IF ANY:

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side