

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
Lease Designation and Serial No.
NM-98187

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
MARBOB ENERGY CORPORATION

3. Address and Telephone No.
P.O. BOX 227, ARTESIA, NM 88210 505-748-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660 FNL 840 FEL, SEC. 13-T19S-R31E UNIT A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
TRAPPER FED 13 COM #2

9. API Well No.
30-015-31568

10. Field and Pool, or Exploratory Area
LUSK MORROW

11. County or Parish, State

EDDY CO. NM

12. CHECK APPROPRIATE BOX(S) 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 SPUD, CMT CSG

Change of Plans

New Construction

Non-Routine Fracturing

Water Shut-Off

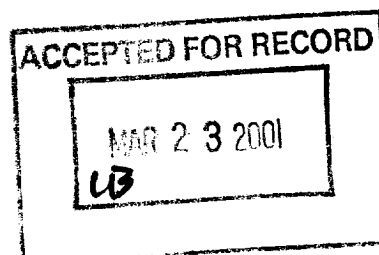
Conversion to Injection

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.)

SPUD WELL @ 5:00 A.M. 3/14/01. DRLD 17 1/2" HOLE TO 823', RAN 19 JTS 13 3/8" H-40 48# CSG TO 823', CMTD W/ 400 SX HALL LITE & 250 SX PREM PLUS, PLUG DOWN @ 3:30 P.M. 3/16/01, CIRC 177 SX TO SURF. WOC 18 HRS, TSTD CSG TO 600# FOR 20 MINUTES - HELD OK.



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

Signed *Robin Cochran*
(This space for Federal or State office use)

Title PRODUCTION ANALYST

Date 03/19/01

Approved by
Conditions of approval, if any:

Title

Date

RECEIVED

2001 MAR 20 AM 8:34

BUREAU OF LAND MGMT.
ROSSELL OFFICE