

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Co. Division

811 S. 1st Street

Artesia, NM 88210-2894

FORM APPROVED  
Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.  
NM-98187

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

**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

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 RUN CSG, CMT

Change of Plans

New Construction

Non-Routine Fracturing

Water Shut-Off

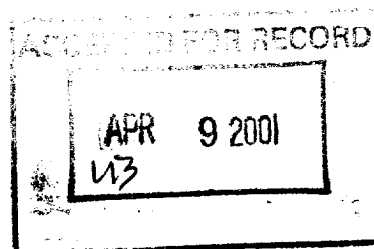
Conversion to Injection

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.)

3/23/01 DRLD 12 1/4" HOLE TO 4450', RAN 99 JTS 8 5/8" 32# J-55 & N-80 CSG TO 4450', CMTD W/ 1525 SX PREMIUM & ZONE SEAL, TAILED IN W/ 275 SX PREMIUM NEAT, CIRC 140 SX TO SURF, PLUG DOWN @ 10:00 A.M. 3/23/01, PUMPED 100 SX PREM PLUS CAP DOWN BRADENHEAD.



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

Signed

*Robin Cochran*

Title PRODUCTION ANALYST

Date 03/27/01

(This space for Federal or State office use)

Approved by  
Conditions of approval, if any:

Title

Date