

83210 UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
verse side)

Badge Bureau No. 1004-0135
Expires August 31, 1985

45F

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"/>	RECEIVED BY MAY 12 1986 O.C.D.	3. LEASE DESIGNATION AND SERIAL NO NM 0476685B
2. NAME OF OPERATOR Marline Petroleum Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 4900 Capitol Bank Plaza, Houston, TX 77002		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 660' FNL & 660' FWL, D, S13, T26S, R27E		8. FARM OR LEASE NAME HAY A FEDERAL
		9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Hay Hollow-Bone Spring
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13, 26S, 27E NMPM
14. PERMIT NO. 30-015-23956	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3171.0 GR	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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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"/>	

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"/>	

(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 and completion to this work.) *

1. 8-4-85 Set CIBP @6800' and capped with 35' cement
2. 8-5-85 TIH w/tbg. to 6765' and displaced with 9.5#/gal mud-laden fluid.
3. 8-5-85 Set 14.8#/gal cement plugs as follows:
 - a. 25 sx @ 6065' to 5965'
 - b. 25 sx @ 3250' to 3150'
 - c. 25 sx @ 2470' to 2370'
4. 8-5-85 Cut 5½" casing @ 1321', pulled and LD casing.
5. 8-5-85 Set 35 sk cement plug @ 1371'.
6. 8-6-85 Set 35 sk cement plug @ 1321'.
7. 8-7-85 Tagged cement @ 1275'.
8. 8-7-85 Set 35 sk cement plug @ 575' to 475'
9. 8-7-85 Set 35 sk cement plug @ 20' to surface
10. 8-7-85 Installed dry hole marker.
11. 8-29-85 Cleared trash from and levelled location.

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

SIGNED [Signature]
(This space for Federal or State office use)

TITLE Consultant

DATE 8-30-85

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 5-8-86

*See Instructions on Reverse Side