		811 S. 1st Stre	
orm 3160-5	UNITED STA	••••••	2834 FORM APPROVED
une 1990)	DEPARTMENT OF TH		Budget Bureau No. 1004-0135
	BUREAU OF LAND MA	ANAGEMENT	Expires: March 31, 1993 5. Lease Designation and Serial No.
			NM-18626
SU o not use this form for Use "Al	proposals to drill or to de PPLICATION FOR PERM	PORTS ON WEN2S ¹¹² 7375 eepen or ceentry to a different reserv /IIT-" for such proposals	6. If Indian, Allottee or Tribe Name VOIT.
	SUBMIT IN TRIP	RECEIVED	7. If Unit or CA, Agreement Designation
. Type of Well Gas		a non Artesta	8. Well Name and No.
	Other WDW	<u>.</u>	GINGER FEDERAL #1
Name of Operator MARBOB ENERGY CORI	PORATION		9. API Well No.
. Address and Telephone No.			30-015-25744
P.O. BOX 227, ARTESIA, NM 88210 505-748-3303			10. Field and Pool, or Exploratory Area
Location of Well (Footage, Sec.,			ROSS DRAW DELAWARE, EAST
1880 FEL 460 FSL, SEC.	24-T26S-R30E UNIT O		11. County or Parish, State
			EDDY CO., NM
2. CHECK APPR		CATE NATURE OF NOTICE, REPOR	
TYPE OF SUBM	/ISSION	TYPE OF ACTION	ON
Notice of Intent		Abandonment	Change of Plans
		Recompletion	New Construction
X Subsequent Rep	port	Plugging Back	Non-Routine Fracturing
	i	Plugging Back Casing Repair	Water Shut-Off
Subsequent Re	i	Plugging Back Casing Repair Altering Casing	Water Shut-Off
Final Abandonm	ed Operations (Clearly state all pertine	Plugging Back Casing Repair	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.) date of starting any proposed work. If well is
Final Abandonm 3. Describe Proposed or Complete directionally drilled, give subsur	ed Operations (Clearly state all pertine face locations and measured and true NGE OPERATOR FROM: CO P.O. B	Plugging Back Casing Repair Altering Casing Other CHANGE OPERATOR t details, and give pertinent dates, including estimated vertical depths for all markders and zones pertinent to	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.) date of starting any proposed work. If well is
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*See Instruction on Reverse Side