Form 3160-5
(June 1990)

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

N.M. Oil Cons. Division
811 S. 1st ﬡ ﬡ
Artesia, NM ﬡﬡﬡ0-2834

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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

5. Lease Designation and Serial No.
NM-100316

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA. Agreement Designation

1. Type of Well
Oil ___ Gas ___
Well **X** Well ___ Other ___

8. Well Name and No.
WASHINGTON PRIMERO 15 FED COM #1

2. Name of Operator ✓
MARBOB ENERGY CORPORATION

9. API Well No.
30-015-30644

3. Address and Telephone No.
P.O. BOX 227, ARTESIA, NM 88210

10. Field and Pool, or Exploratory Area
WILDCAT

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660 FNL 1650 FEL, SEC. 15-T26S-R24E UNIT B

11. County or Parish, State

EDDY CO., NM

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12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION	
___ Notice of Intent	___ Abandonment	___ Change of Plans
	___ Recompletion	___ New Construction
___ Subsequent Report	___ Plugging Back	___ Non-Routine Fracturing
	___ Casing Repair	___ Water Shut-Off
___ Final Abandonment Notice	___ Altering Casing	___ Conversion to Injection
	X Other SPUD, CMT CSG	___ 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 markders and zones pertinent to this work.)*

SPUD WELL @ 11:00 P.M. 5/20/99. DRLD 12 1/4" HOLE TO 708', RAN 17 JTS 8 5/8" J-55 CSG TO 708', CMTD W/300 SX CLASS C, PLUG DOWN @ 6;35 P.M., CIRC 96 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 Cockrum_   Title PRODUCTION ANALYST   Date 05/24/99

(This space for Federal or State office use)

Approved by _____   Title _____   Date _____
Conditions of approval, if any:

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*See Instruction on Reverse Side