

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
Case Designation and Serial No.
NM-100316

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 ☒ 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)

1717 FSL 1754 FWL, SEC. 14-T26S-R24E UNIT K

6. If Indian, Allottee or Tribe Name

7. If Unit or CA. Agreement Designation

8. Well Name and No.

PRIMERO WHITE 14 FED #1

9. API Well No.

30-015-30657

10. Field and Pool, or Exploratory Area

WASHINGTON RANCH, MORROW SOUTH

11. County or Parish, State

EDDY, 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 @ 4:00 A.M. 6/21/99, DRILL 12 1/4" HOLE TO 835', RAN 20 JTS & 5/8" 24# J-55 CSG TO 825', CMTD W/225 SX HALL LITE & 200 SX CLASS C, PLUG DOWN @ 2:15 P.M. 6/22/99, CIRC 84 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1000# FOR 20 MINUTES - HELD OK.

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

Signed Robert Cockrum

Title PRODUCTION ANALYST

Date 06/23/99

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: