

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.
NM-100316

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)

2116 FSL 542 FWL, SEC. 23-T26S-R24E UNIT K

8. Well Name and No.

PRIMERO FEDERAL #2

9. API Well No.

30-015-30990

10. Field and Pool, or Exploratory Area

WILDCAT 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 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 @ 2:00 A.M. 4/3/00. DRILL 12 1/4" HOLE TO 950', RAN 23 JTS 8 5/8" J-55 24# CSG TO 950' (APPROVAL RECEIVED FROM JOHN SIMITZ - BLM ROSWELL), CMTD W/500 SX HALL LITE & 200 SX PP, PLUG DOWN @ 4:45 P.M. 4/4/00, CIRC 205 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1000# FOR 30 MINUTES - HELD OK.



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

Signed

Robert Cochran

Title PRODUCTION ANALYST

Date 04/07/00

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date