

Form 3160-5 (June 1990)

1. Type of Well

2. Name of Operator

3. Address and Telephone No.

Other

Marbob Energy Corporation

or representations as to any matter within its jurisdiction.

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| FORM APPRO | DYED |
|-------------------|----------|
| Budget Bureau No. | 1004-013 |
| Expires: March | 31, 1993 |

5. Lease Designation and Serial No. LC-028793C

8. Well Name and No.

30-015-27649

9. API Well No.

| SUNDRY NOTICES | AND REPORTS | ON WELLS |
|------------------|-------------|------------|
| 3014081 14011663 | AND DEFUNIS | OIA AAFFFF |

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

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Burch C Federal #53

| P. O. Drawer 217, Artesia, NM | 88210 505 _x :748-3303 | 10. Field and Pool, or Exploratory Area |
|--|---|--|
| 4. Location of Well (Footage, Sec., T., R., M., or Survey De | escription) | Grbg Jackson SR Q Grbg S. 11. County or Parish, State |
| 2360 FSL 330 FEL, Sec. 18-T17S- | R30E, Unit I | Eddy County, NM |
| 2 CHECK APPROPRIATE BOX(| s) TO INDICATE NATURE OF NOTICE, REPO | ORT, OR OTHER DATA |
| TYPE OF SUBMISSION | TYPE OF ACTION | |
| Notice of Intent Subsequent Report Final Abandonment Notice | Abandonment Recompletion Plugging Back Casing Repair Altering Casing XX Other requesting extension | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |
| Describe Proposed or Completed Operations (Clearly state a give subsurface locations and measured and true vertice) | l pertinent details, and give pertinent dates, including estimated date of start al depths for all markers and zones pertinent to this work.)* | ing any proposed work. If well is directionally drilled, |

Marbob Energy Corporation requests a 1 (one) year extension of the A.P.D. for the above stated well.

| ,, | | |
|--|---|--------------|
| I hereby certify that the foregoing is true and co | Sorne Production Clerk | Date 11/4/94 |
| (This space for Federal or State office use) | | |
| Approved byConditions of approval, if any: | Title | Date |
| | any person knowingly and willfully to make to any department or agency of the | |