

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OF COPIES REQUIRED
(Other instructions
verse side)

PROJECT FORM NO.
M060-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

LC-058514

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Pearsall "BX"

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Maljamar Grbg SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 34-T17S-R32E

12. COUNTY OR PARISH 13. STATE

Lea

NM

SUNDRY NOTICES AND REPORTS ON WELLS
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Marbob Energy Corporation

3a. Area Code & Phone No.
(505) 748-3303

3. ADDRESS OF OPERATOR
P. O. Drawer 217, Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

460 FNL 860 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3963' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF PULL OR ALTER CASING
FRACTURE TREAT MULTIPLE COMPLETE
SHOOT OR ACIDIZE ABANDON*
REPAIR WELL CHANGE PLANE
(Other)

WATER SHUT-OFF REPAIRING WELL
FRACTURE TREATMENT ALTERING CASING
SHOOTING OR ACIDIZING ABANDONMENT*
(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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.)*

1/22/90 RIH w/4 3/4" bit & scraper, CO to 4435', RIH w/pkr, tstd csg, hole in csg @ 1688-1705, sqd hole w/1400 sx cmt, tried to circ cmt, had good circ but did not circ, drld out cmt, tstd csg to 1000#--held okay. Acd perms w/1500 gals 15% NE ac, put back on production.

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

SIGNED

Rhonda Nelson

TITLE Production Clerk

DATE 1/24/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side