

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
ARTESIA, NM 88210

Product 1500-15, No. 1004-013  
Expires August 31, 1988

C/SF

**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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		RECEIVED BY  JAN 19 1987  O. C. D.  ARTESIA, NM	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>Marbob Energy Corporation</i>			8. FARM OR LEASE NAME <i>Drewery</i>
3. ADDRESS OF OPERATOR <i>P.O. Drawer 217, Artesia, N.M. 88210</i>			9. WELL NO. <i>3</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  <i>2310 FSL 1980 FWL</i>			10. FIELD AND POOL, OR WILDCAT <i>Square Lake-G-SA</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, GR, etc.) <i>3675' GR</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 6-T17S-R30E</i>	12. COUNTY OR PARISH <i>Eddy</i>
		13. STATE <i>N.M.</i>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Change of operator</u>	<input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(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.)

To change operator from Tom L. Ingram, P.O. Box 1757, Roswell, N.M., to Marbob Energy Corporation, effective 1/1/87.



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

SIGNED *Charles K. ...* TITLE Production Clerk DATE 1/12/87

(This space for Federal or State office use)

APPROVED BY *Acting Area Manager* TITLE \_\_\_\_\_ DATE 1-14-87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

