

UNITED STATES Artesia, NM 88210
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-62196

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

LEAPIN LIZARD FEDERAL #1

9. API Well No.

30-005-63011

10. Field and Pool, or Exploratory Area

LONE WOLF DEVONIAN, SOUTH

11. County or Parish, State

CHAVES COUNTY NM

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

RECEIVED

1. Type of Well

☐ Oil Well ☐ Gas Well ☐ Other P&A

2. Name of Operator

Marbob Energy Corporation

3. Address and Telephone No.

P. O. Drawer 227, Artesia, NM 88210

505-748-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

421 FNL 2381 FWL SEC. 4-T14S-R29E, UNIT C

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 FINAL ABANDONMENT

☐ 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.)*

THE SURFACE RECLAMATION HAS BEEN COMPLETED PER
RICHARD HILL/W/BLM-ROSWELL REQUIREMENTS.



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

Signed

Title PRODUCTION CLERK

Date 10/13/95

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Surface Protection Specialist

Date

10/22/94