

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR M
OF COPIES REQUIRED
(Include instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM060-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

NM-86106

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marbob Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Chisum, SA UND.

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

Sec. 24-T11S-R27E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

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

330 FNL 1650 FEL

14. PERMIT NO.

30-005-62885

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

3767' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Request for TA status

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

Well was drilled to 2126', logged on 4/9/92, a 24 hr.
bailer bucket test showed 1 gal. oil 35-55 gals. water
out of the San Andres formation @ 1976'. Marbob took
over operations 6/1/92.

Marbob requests a 90-day extension of the current TA
status from the date of this notice 8/6/92 for further
review of well.

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

SIGNED

TITLE Production Clerk

DATE 8/6/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side