

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

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

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

1009 FSL 1066 FEL, SEC. 11-T12S-R29E UNIT P

5. Lease Designation and Serial No.

10-2834
NM-96213

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

3D EXPLORATION FED. #1

9. API Well No.

30-005-63108

10. Field and Pool, or Exploratory Area

WHITE RANCH; DEVONIAN SE

11. County or Parish, State

CHAVES COUNTY, NM

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

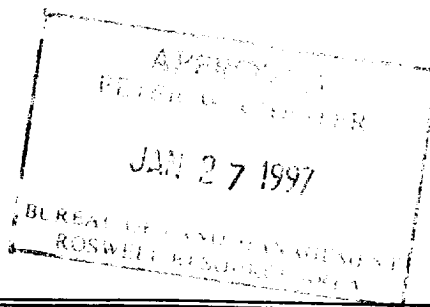
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other AMEND ABANDONMENT REPORT
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(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.)*

AMENDING PLUG #3 FROM 2310-2430' TO 2180-2310'
TAGGED. FIND ATTACHED HERETO A COPY OF HALLIBURTON
TICKET.

DEC 13 8 32 AM '96



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

Signature Rhonda Nelson

Title PRODUCTION CLERK

Date 12/12/96

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____