

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-028053(A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

RECEIVED

1. OIL WELL GAS WELL OTHER PA SEP -1 '89

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Marbob Energy Corporation /

8. FARM OR LEASE NAME

Keyes A

3. ADDRESS OF OPERATOR
P.O. Drawer 217, Artesia, New Mexico 88211-0217

9. WELL NO.

7

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

10. FIELD AND POOL, OR WILDCAT

Red Lake Q Grbg SA

2310 FSL 330 FWL

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

Sec. 10-T17S-R28E

14. PERMIT NO.

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

3532' RT

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(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.)*

Dry hole marker has been set. Location is clean and ready for inspection.

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

SIGNED

Rhonda Nelson

TITLE

Production Clerk

DATE

8/30/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side