

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
RECEIVED

Form approved.
Budget Bureau No. 1001-2427
Expires August 31, 1985

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. OIL WELL ☒ GAS WELL ☐ OTHER ☐ SI	5. LEASE DESIGNATION AND SERIAL NO. NM-0467930
2. NAME OF OPERATOR Marbob Energy Corporation	6. IF INDIAN, ALLOTTEE, OR TRUST NAME
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310 FNL 2308 FWL	8. FARM OR LEASE NAME Sinclair Parke
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3677' DF	10. FIELD AND POOL, OR WELLS Jackson Abo
	11. SEC., T., R., E., OR BLM APP. SURVEY OR AREA Sec. 22-T17S-R30E
	12. COUNTY OR PARISH Eddy
	13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST 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) <u>Change of Operator</u>	(Other) <u>XX</u>
(Other) ☐		(NOTE: Report results of multiple completion on well. Completion or Recompletion Report and perform	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of start and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all horizontal and vertical segments to this work.)

Change of operator effective 9/30/88.
Previous operator: Herman J. Ledbetter
1002 Sayles Boulevard
Abilene, TX 79605

18. I hereby certify that the foregoing is true and correct
SIGNED Rhonda Nelson TITLE Production Clerk DATE 10/28/88
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS