

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

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 SWD WELL

2. Name of Operator
MARBOB ENERGY CORPORATION

3. Address and Telephone No.
P.O. BOX 227, ARTESIA, NM 88210 505-748-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
560 FSL 1690 FWL, SEC. 19-T17S-R31E UNIT N

5. Lease Designation and Serial No.
LC-031844

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
FREN OIL CO COM

8. Well Name and No.
FREN OIL CO COM #21

9. API Well No.
30-015-10610

10. Field and Pool, or Exploratory Area
CEDAR LAKE (MORROW GAS)

11. County or Parish, State
EDDY CO., 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 SI WELL

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion or 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.)*

12/20/99 TOH W/ 2 7/8" TBG & PKR, TIH W/ 7" CIBP, SET @ 11980', MADE 2 RUNS, DUMP CMT ON TOP OF CIBP, TIH W/ 2 7/8" TBG, CIRC 2% KCL WTR & LOAD HOLE W/ 495 BBLs, TOH W 2 7/8" TBG, TEST CSG TO 300# FOR 30 MINUTES - HELD OK. SHUT WELL IN.

TA Approved 12
1/31/2001

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

Signed Robin Cockburn Title PRODUCTION ANALYST

Date 01/10/00

(This space for Federal or State office use)

Approved by _____ Title _____
Conditions of approval, if any:

Date 1/31/2000

RECEIVED

2000 JAN 24 A 9 37

DEPT. OF LAND MGMT.
ROSWELL OFFICE