

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

5. Lease Designation and Serial No.  
LC-029395A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

TONY FEDERAL #16

9. API Well No.

30-015-31254

10. Field and Pool, or Exploratory Area

CEDAR LAKE YESO

11. County or Parish, State

EDDY CO., NM

**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

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)

430 FNL 990 FEL, SEC. 19-T17S-R31E UNIT A

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

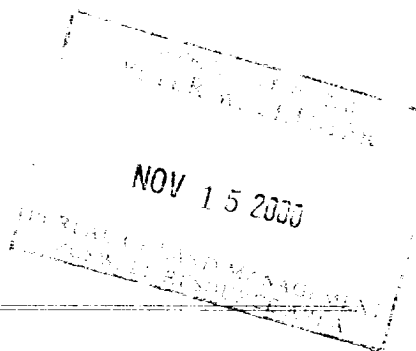
☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other INTERMEDIATE CSG, CMT

☐ 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.)

11/6/00 DRLD 12 1/4" HOLE TO 1479', RAN 35 JTS 8 5/8" 24# J-55 CSG TO 1476', CMTD W/ 500 SX HALL LITE & 200 SX PREM PLUS, PLUG DOWN @ 4:00 A.M., CIRC 123 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK.



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

Signed

*Robin Cochran*

Title PRODUCTION ANALYST

Date 11/07/00

(This space for Federal or State office use)

Approved by  
Conditions of approval, if any:

Title

Date

**RECEIVED**

NOV 08 2000

**BLM**

ROSWELL, NM