

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M Oil Con
P 1980
Hobbs, NM 88241

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

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)

1650 FSL 1650 FEL SEC. 15-T14S-R30E UNIT J

5. Lease Designation and Serial No.

NM-8255

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

CHANNEL CAT FEDERAL #1

9. API Well No.

30-005-21150

10. Field and Pool, or Exploratory Area

VEST RANCH MORROW, EAST

11. County or Parish, State

CHAVES, 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

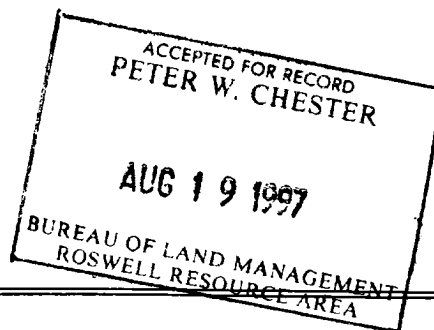
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other SPUD, CMT CSG

- ☐ 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.)*

SPUD WELL 8/10/97. DRLD 17 1/2" HOLE TO 484', RAN 11 JTS. 13 3/8" H-40 CSG TO 484', CMTD W/525 SX CLASS C, PLUG DOWN @ 1:00 A.M. 8/10/97, CIRC 80 SX TO SURF. WOC 18 HRS., TSTD CSG TO 600# F/20 MINUTES--HELD OK.



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

Signed Thonda Nelson

Title PRODUCTION CLERK

Date 8/14/97

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any: _____