

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

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 <input checked="" type="checkbox"/> CAR WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-059001	
2. NAME OF OPERATOR Marbob Energy Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Drawer 217, Artesia, NM 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 1980 FNL 1980 FWL		8. FARM OR LEASE NAME Pearsall A	
14. PERMIT NO. 30-025-00804		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3915' GR		10. FIELD AND POOL, OR WILDCAT Pearsall Queen	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33-T17S-R32E	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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.) *

9/12/90 Plugged and abandoned well as follows:

RIH w/tbg to 3341'. Circ hole w/salt gel and spot 30 sx plug at 3341'. Tagged plug at 3213'. Spot 25 sx plug at 2800'. Spot 25 sx plug 1200'. Tagged plug 924'. Spot 15 sx plug at surface.

Will notify you when location is ready for inspection.

RECEIVED
OCT 10 10 13 AM '90
BUREAU OF LAND MANAGEMENT
ROSWELL DISTRICT

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

SIGNED Rhonda Nelson TITLE Production Clerk

DATE 10-1-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 10-15-90

*See Instructions on Reverse Side