

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECD. ;
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"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No.		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Marbob Energy Corporation		505-748-3303		LC-058698(B)	
3. ADDRESS OF OPERATOR P. O. Drawer 217, Artesia, NM 88210				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FNL 1980 FEL, Unit Letter B				7. UNIT AGREEMENT NAME	
				8. FARM OR LEASE NAME Miller B	
				9. WELL NO. 2	
				10. FIELD AND POOL, OR WILDCAT Maljamar Grbq SA	
				11. SEC., T., R., M., OR BLK. AND SUBST. OR AREA Sec. 23-T17S-R32E	
14. PERMIT NO. 30-025-23180		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 4088' DF		12. COUNTY OR PARISH Lea	
				13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <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.)

- 1/30/92 RU, tstd csg to 500# for 15 minutes--held okay.
- 1/31/92 Put BOP on, released pkr & laid down cmt lined 2 3/8" tbq (3856'), had no pkr, RIH w/ 2 7/8" tbq & backoff collar, latch on pkr & shear pkr, POH w/pkr.
- 2/3/92 RIH w/3 3/4" bit, tag @ 4213', CO to 4305', POH w/bit, RIH w/new 2 3/8" tbq, landed tbq @ 4244.73', ran rods and put well back on production.

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

SIGNED

Rhonda Nelson

TITLE Production Clerk

DATE 2/6/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

