

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NUMB.
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM060-3160-4

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <i>Marbob Energy Corporation</i>		3a. Area Code & Phone No. <i>(505) 748-3303</i>	8. FARM OR LEASE NAME <i>Pearsall BX</i>
3. ADDRESS OF OPERATOR <i>P. O. Drawer 217, Artesia, NM 88210</i>		9. WELL NO. <i>5</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1650 FNL 2310 FEL</i>		10. FIELD AND POOL, OR WILDCAT <i>Maljamar Grbg SA</i>	
14. PERMIT NO. <i>30-025-31055</i>		15. ELEVATIONS (Show whether DF, RT, OR, etc.) <i>3947.6' GR</i>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 34-T17S-R32E</i>	12. COUNTY OR PARISH <i>Lea</i>
		13. STATE <i>NM</i>	

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 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 PLANS <input type="checkbox"/>	(Other) <i>Spud, cmt csg</i>	<input checked="" 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.)*

Spudded 9:00 a.m. 9/9/91. Drl'd 12 1/4" hole to 1275', ran 28 jts. 8 5/8" O.D. 24# J-55 LT&C to 1233', cmt'd w/730 sx Class C w/2% CC, circ 150 sx, plug down @ 8:00 p.m. 9/10/91. WOC 18 hrs., tstd csg to 600# f/20 minutes--held okay.

NR

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

SIGNED *Rhonda Nelson* TITLE *Production Clerk* DATE *9/13/91*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

SEP 24 1991

OC
HOBBS OFFICE