

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil and Gas Division
1625 N. French Dr.
Hobbs, NM 88240

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 277, ARTESIA, NM 88210 505-748-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980 FNL 660 FWL, SEC. 18-T18S-R32E UNIT E

5. Lease Designation and Serial No.
NM-77053

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
CRAZY HORSE 18 FED #1

9. API Well No.
30-025-31639

10. Field and Pool, or Exploratory Area
LUSK MORROW

11. County or Parish, State
LEA CO., 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

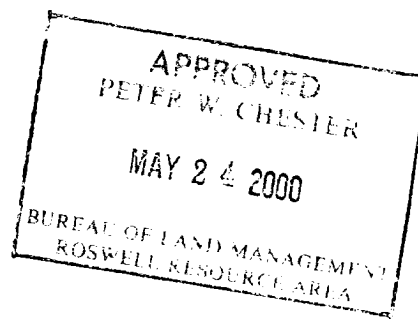
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(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.)*

WE INTEND TO RECOMPLETE THE WELL AS FOLLOWS:

TIH W/ CIBP, SET @ 12,210' W/ 35' CMT ON TOP, TIH W/ CIBP, SET @ 10,000' W/ 35' OF CMT ON TOP, PERF FROM 9815-23' (9 HOLES), 9825-36' (12 HOLES), 9844-52' (9 HOLES), PUT WELL ON PRODUCTION



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

Signed Robin Cockburn

Title PRODUCTION ANALYST

Date 05/17/00

(This space for Federal or State office use)

Approved by
Conditions of approval, if any:

Title

Date

1000

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RECEIVED
HOBBS

