

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. O' Cons. 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 227, ARTESIA, NM 88210 505-748-3303
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980 FSL 1980 FEL, SEC. 30-T19S-R32E UNIT J

5. Lease Designation and Serial No.
NM-59045
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and No.
FEDERAL USA J #4
9. API Well No.
30-025-32448
10. Field and Pool, or Exploratory Area
LUSK DELAWARE, WEST
11. County or Parish, State
LEA COUNTY, 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 PLACE WELL BACK ON PROD.

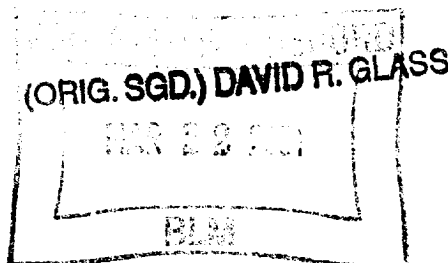
- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ Dispose Water

(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 ARE CURRENTLY EVALUATING THIS PROPERTY. WE WILL HAVE A PROPOSED WORKOVER IN THE NEAR FUTURE

Approval Subject To Returning Well To Continuous Production And Keeping Well On Continuous Production Within The Time Frame Specified By The Carlsbad Field Office.



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

Signed Robin Cochran
(This space for Federal or State office use)

Title PRODUCTION ANALYST

Date 03/09/01

Approved by
Conditions of approval, if any:

Title

Date

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