

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil 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)

660 FSL 890 FWL, SEC. 20-T19S-R32E UNIT M

5. Lease Designation and Serial No.
LC-065710A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

LUSK DEEP UNIT

8. Well Name and No.

LUSK DEEP UNIT #17

9. API Well No.

30-025-35095

10. Field and Pool, or Exploratory Area

LUSK MORROW (GAS)

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

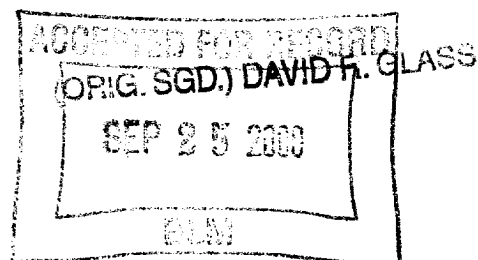
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other SPUD, CMT CSG

- ☐ 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.)*

SPUD WELL @ 4:00 A.M. 9/15/00, DRILL 17 1/2" HOLE TO 820', RAN 19 JTS 13 3/8" 48# H-40 CSG TO 820', CMTD W/400 SX HALL LITE & 250 SX PREM PLUS, PLUG DOWN @ 4:45 P.M. 9/16/00, CIRC 152 SX TO SURF. WOC 18 HRS, TSTD CSG TO 600# FOR 20 MINUTES - HELD OK.



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

Signed Robin Cockrum

Title PRODUCTION ANALYST

Date 09/18/00

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any: _____

Signature of District Supervisor
DISTRICT SUPERVISOR

Date _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

