

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 1650 FWL, SEC. 17-T<sup>19</sup>S-R32E UNIT N

5. Lease Designation and Serial No.  
NM-01088
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 "A" #19
9. API Well No.  
30-025-35244
10. Field and Pool, or Exploratory Area  
UNDESIGNATED 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 POOL & PRORATION UNIT

- 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 CHANGING THE PRORATION UNIT ON THE ABOVE WELL TO A S/2 320 PRORATION UNIT - SEE C-102 ATTACHED

**SUBJECT TO  
LIKE APPROVAL  
BY STATE**

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

Signed Robin Cockburn  
(This space for Federal or State office use)  
(ORIG. SGD.) **DAVID R. GLASS**  
Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title PRODUCTION ANALYST

Date 01/26/01

Title

**PETROLEUM ENGINEER**

Date

**FEB 09 2001**

REC-1000

JAN 29 1964

BLM  
ROSWELL, NM