

OCD-HOBBS

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NM-036100

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

LUSK DEEP UNIT "A" #20

9. API Well No.

30-025-35245

10. Field and Pool, or Exploratory Area

LUSK MORROW (GAS)

11. County or Parish, State

LEA CO., NM

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 Gas
Well ☒ Well Other

2. Name of Operator

MARBOB ENERGY CORPORATION

3. Address and Telephone No.

PO BOX 227, ARTESIA, NM 88210 505-748-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980 FNL 660 FWL, SEC. 17-T19S-R32E, UNIT E

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 EXTEND A.P.D.

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 REQUEST A ONE YEAR EXTENSION FOR THE A.P.D. ON THE ABOVE STATED WELL

Approved For 12 Month Period

Expires 11/16/2002

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

Signed Joe G. Lara

(This space for Federal or State office use)

(ORIG. SGD.) JOE G. LARA

Title PRODUCTION ANALYST

Title

Approved by
Conditions of approval, if any:

Date 09/26/01

Date 11/2/2001

RECEIVED

2001 SEP 27 AM 3:38

SUBSISTENCE UNIT
HOSPITAL OFFICE