

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

P.O. BOX 1980

NEW MEXICO

PAID  
88240  
10-10-94

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

NM LC 068848

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

MARSHALL FEDERAL #1

9. API Well No.

30-025-08358

10. Field and Pool, or Exploratory Area

CRUZ DELAWARE 14910

11. County or Parish, State

LEA CNTY, 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 Well ☐ Gas Well ☒ Other T.A.

2. Name of Operator

PRONGHORN MANAGEMENT CORP (formerly Baber Well Svc)

3. Address and Telephone No.

P.O. BOX 1772 (505) 392-5516

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

660' FSL & 660' FWL (SW/4, SW/4) Section 19  
Twn 23-S, Rnge 33-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 *MIT*  
☐ 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.)\*

*Tested Casing to 500' psi As per Attached Chkr. Casing Held O.K.*

Test date 9/21/94

RECEIVED  
OCT 11 7 10 AM '94  
BUREAU OF LAND MGMT.  
HOBBS, NM.

RECEIVED  
OCT 13 11 09 AM '94  
CARRIZO  
AREA  
FMS

25 1994

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

Signed

Title

Date

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: