

CMF

Form 3180-5
N.V. 10-1-83
Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT NM 88210

Budget Bureau No. 1004-0135
Expires August 31, 1985

SEP -9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for each proposal.

ARTESIA, NM

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Marbob Energy Corporation

3. ADDRESS OF OPERATOR
P.O. Drawer 217, Artesia, N.M. 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
660 FNL 1980 FEL

5. LEASE DESIGNATION AND SERIAL NO.
LC-028731(B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
M. Dodd "B"

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
Grbg Jackson SR Q G SA

11. SEC., T., R., M., OR BLK. AND
SUBV. OR AREA
Sec. 14-T17S-R29E

14. PERMIT NO.

15. ELEVATIONS (Show whether SF, ST, CR, etc.)
3637' DF

12. COUNTY OR PARISH
Eddy

13. STATE
N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Deepen well</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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 moved in Larue Rig #2 and re-entered well, drilled a 6 1/4" hole to TD of 4542'. Ran 114 jts. of 4 1/2" 11.60# new casing to 4522', cemented w/225 sax Halliburton Lite w/8# salt, 1# flocele per sack; 225 sax Class C w/6# salt, 2/10 of 1% CFR-3. Plug down @ 7:30 a.m. 8/17/85, circulated 35 sax. WOC 18 hours, tested casing to 1500# f/30 minutes-held okay.

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

SIGNED [Signature]

TITLE Production Clerk

DATE 8/28/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL IF ANY:

TITLE _____

DATE _____

SEP 3 1985

*See Instructions on Reverse Side

