

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐ **NOV 4 1982**
2. NAME OF OPERATOR
Marbob Energy Corporation OIL & GAS
3. ADDRESS OF OPERATOR
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO
P.O. Drawer 217, Artesia, N.M. 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1980 FNL 1980 FEL*
AT TOP PROD. INTERVAL: *Same*
AT TOTAL DEPTH: *Same*
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) *Change of operator*

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
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☒

5. LEASE
LC-028731-B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME **RECEIVED**
8. FARM OR LEASE NAME
M. Dodd "B" **NOV 10 1982**
9. WELL NO.
29 **O. C. D.**
10. FIELD OR WILDCAT NAME
ARTESIA, OFFICE
Grayburg Jackson Qn SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
10-17S-29E
12. COUNTY OR PARISH *Eddy* 13. STATE *N.M.*
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Effective 10/1/82 we took over as operator. Former operator was Sun Exploration & Production Co., P.O. Box 1861, Midland, Texas 79702.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *[Signature]* TITLE *Production Clerk* DATE *10/29/82*

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) **PETER W. CHESTER** DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NOV 9 1982

FOR

JAMES A. GILLHAM

DISTRICT SUPERVISOR • See Instructions on Reverse Side