

RECEIVED BY
Form 3160-5
November 1983)
DEC 21 1984

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL & GAS COMMISSION
SUBMIT IN CONNECTION
With (Other instructions on reverse side)
Artesia, NM 88210

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

O. C. D. SUNDRY NOTICES AND REPORTS ON WELLS
ARTESIA (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Marbob Energy Corporation ✓	8. FARM OR LEASE NAME M. Dodd "B"
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210	9. WELL NO. 45
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330 FSL 2310 FEL	10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q G SA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, CR, etc.) 3604.2' GR
	11. COUNTY OR PARISH Eddy
	12. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☒	(Other) ☐	
(Other) ☐		(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.)*

Amend original application to show proposed total depth at 4500' instead of 3450'.

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

SIGNED Carolyn Furella TITLE Production Clerk DATE 12/17/84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE AREA MANAGER DATE 12-20-84

CONDITIONS OF APPROVAL, IF ANY: CARLEAD J. J. J.

*See Instructions on Reverse Side

