

435

Form 3160-5

RECEIVED BY
November 1983

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

MAY 2 1985

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 such proposals.)

1. ARTESIA, OFFICE

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

- 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.
47
- 10. FIELD AND POOL, OR WILDCAT
Grbg Jackson SR Q G SA
- 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 14-T17S-R29E
- 12. COUNTY OR PARISH
Eddy
- 13. STATE
N.M.

WELL 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
1425 FNL 330 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
3636.8' GR

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 checked="" 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) <input 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.)*

Amend original application to show proposed depth to 4500' instead of 3450' to test the San Andres.

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

SIGNED Carlynn Curcella TITLE Production Clerk DATE 4/4/85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE 5-1-85
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

