

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

SUBMIT IN TR ICATE\*  
(Other instructions on re-  
verse side) COMMISSION

Budget Bureau No. 1004-0135  
Expires August 31, 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY OCT 21 1985 O. C. D.	5. LEASE DESIGNATION AND SERIAL NO. LC-028731(A)	
2. NAME OF OPERATOR Marbob Energy Corporation ✓			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210			7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1345 FSL 330 FWL			8. FARM OR LEASE NAME M. Dodd "A"	
14. PERMIT NO. 30-015-25397		15. ELEVATIONS (Show whether SP, RT, OR, etc.) 3596.3' GR		9. WELL NO. 37
				10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q G SA
				11. SEC., T., R., M., OR BLE. AND SUBST OR AREA Sec. 14-T17S-R29E
				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 checked="" type="checkbox"/>
(Other) Cement csq.	

(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.)

TD 4363'. Ran 110 jts. 5 1/2" 15.50# new casing to 4440'. Cemented w/ 1400 sax Halliburton Lite w/15# salt, 4# flocele, 10# gilsonite per sack; 1100 sax Class C w/6# salt, .002 CFR-3 per sack; plug down @ 4:45 p.m. 10/10/85. Did not circulate, ran temperature survey - top @ 550'. WOC 18 hours, tested casing to 1500# f/30 minutes-held okay.

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

SIGNED Carlyle Purcell TITLE Production Clerk DATE 10/14/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: See

OCT 21 1985

\*See Instructions on Reverse Side