

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
reverse side) MISSION

PROJECT DESIGN NO. 1004-0133
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 (proposals).)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-058362	
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 330 FSL 1345 FEL		8. FARM OR LEASE NAME Boyd Dodd	
14. PERMIT NO. 30-015-25461		9. WELL NO. 7	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3635.2' GR		10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q G SA	
		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 11-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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spud, cmt, test csq	(Other) <input checked="" 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.)

Spudded 1:00 p.m. 12/10/85. Drilled 12 1/4" hole to 350', ran 7 jts. 8 5/8" 24# new casing to 332'; cemented w/250 sax Class C, 2% CC; plug down @ 7:30 p.m. 12/10/85; circulated 38 sax. WOC 18 hours, tested casing to 600# f/20 minutes-held okay. Reduced hole to 7 7/8" and resumed drilling.

ACCEPTED FOR RECORD

DEC 12 1985

CARLSBAD, N.M.

18. I hereby certify that the foregoing is true and correct
SIGNED Carlynn Farkle TITLE Production Clerk DATE 12/11/85
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side