

c/sr

Form 3160-5
November 1983)
Formerly 9-331)

Drawer DD
Artesia, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN 2. PLICATE*
(Other instructions on re-
verse side)

Form approved.
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 ~~drilled~~ reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals)

RECEIVED BY
SEP 21 1984
O. C. D.
ARTESIA, OFFICE

1. OIL WELL GAS WELL OTHER WIW

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
660 FNL 1980 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether SF, ST, OR, etc.)
3587 GR

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.
16

10. FIELD AND POOL, OR WILDCAT
SR-D-6-SA
Grayburg Jackson

11. SEC., T., R., E., OR BLK. AND
SURVEY OR AREA
Sec. 15-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 PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <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.)

We propose to pull the tubing & packer, clean out to TD, run new tubing & packer, circulate hole w/KW-94 corrosion inhibitor, set packer @ approximately 2350', test casing to 500#, acidize perfs, and return to active injection.

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Production Clerk DATE 7/6/84

(This space for Federal or State office use)
APPROVED BY _____ TITLE AREA MANAGER DATE 9-20-84
CONDITIONS OF APPROVAL, IF ANY: _____ TITLE CARLSBAD RESOURCE AREA

Subject to
Like Approval
by State

*See Instructions on Reverse Side

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