

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OF COPIES REQUIRED
(Other instructions on
reverse side)

MD60-3160-4

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.

19

10. FIELD AND POOL, OR WILDCAT

Grbg Jackson SR O Grbg SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR ARMA

Sec. 11-T17S-R29E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Marbob Energy Corporation

3a. Area Code & Phone No.
(505) 422-3333

3. ADDRESS OF OPERATOR
P. O. Drawer 217, Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

660 FSL 660 FWL

14. PERMIT NO.
30-015-20027

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3625' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Return to production

(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.)

4/2/90 RU, killed well.

4/3/90 RIH w/bit & csg scrapper, CO to TD, POH w/bit, RIH w/tbg, landed tbg @ 2518'.

4/4/90 RIH w/rods & put back on pump.

ACCEPTED FOR RECORD

Adm

MAY 31 1990

CARLSBAD, NEW MEXICO

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

SIGNED

TITLE Production Clerk

DATE 5/21/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side