

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil () Gas ()
N.M. DIV-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
Lease Designation and Serial No.
LC- 028731-B

CISF

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

- 1. Type of Well
 Oil Well Gas Well Other
- 2. Name of Operator
Marbob Energy Corporation
- 3. Address and Telephone No.
P.O. Drawer 227, Artesia, NM 88210
- 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980 FSL 660 FEL, Sec.10, T-17S, R29E, Unit



- 6. If Indian, Allottee or Tribe Name
- 7. If Unit or CA, Agreement Designation
- 8. Well Name and No.
M. Dodd "B" #26
- 9. API Well No.
20-015-20080
- 10. Field and Pool, or Exploratory Area
Grbg Jackson Sr Q Grbg Sa
- 11. County or Parish, State
Eddy County, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Notify BLM 24 hrs. before starting

1. POH W/ rod & tubing
2. Set 4 1/2" CIBP @ 2329 (Perf 2429 to 2441) CAP W/ 35' CMT.
3. Perf 4 1/2" @ 902 (base salt 852) sqz. 45 sx. woc tag
4. Perf. 4 1/2" @ 571 (8 5/8 shoe @521 top salt 405) circulate cmt to surface woc tag
5. Spot 60 plug @ surface
6. Cut off well head install dry hole marker

Accepted for record - NMOCD

**APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS ATTACHED**

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

Signed *William B. Smith* Title Agent Date 03/13/02
 (This space for Federal or State office use)

Approved by _____ Title PETROLEUM ENGINEER Date MAR 20 2002
 Conditions of approval, if any:

RECEIVED

2002 MAR 14 AM 9:33

BUREAU OF LAND MANAGEMENT
ROSEMONT OFFICE