

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OIL & GAS COMMISSION
SUBMIT IN TRI
(Other instructions on re-
88210

Form approved.
Budget Bureau No. 1004-0138
Expires August 31, 1985

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.

30

10. FIELD AND POOL, OR WILDCAT

Grbg Jackson SR Q Grbg SA

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

Sec. 10-T17S-R29E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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

1980 FNL 660 FEL

RECEIVED

JUN 08 '89

O. C. D.
ARTESIA OFFICE

14. PERMIT NO.

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

3617' KB

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 ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

(Other) Return to active injection

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well Completion or Recommendation Report and Log Form 1)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and bottom pertinent to this work.)*

We propose to place well to active injection as follows:

RIH w/2 3/8" plastic coated tbq and 4 1/2" pkr to 2350', circ pkr fluid, set pkr @ 2350' and tst csg to 500#; return to injection.

Submitted to
For Approval
by Date

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

SIGNED

Rhonda Nelson

TITLE

Production Clerk

DATE 5/26/89

(This space for Federal or State office use)

APPROVED BY

Shirley J. Gann

FOR:
TITLE

CHIEF, MINERAL

DATE

6-7-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side