

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

C/SF

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	SEP 24 1984	5. LEASE DESIGNATION AND SERIAL NO. LC-028731 (B)
2. NAME OF OPERATOR Marbob Energy Corporation ✓	O. C. D.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210	ARTESIA, OFFICE	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 2615 FNL 1345 FEL		8. FARM OR LEASE NAME M. Dodd "B"
		9. WELL NO. 42
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
		11. SURV. & P. M. OR REG. AND CLASS OF AREA Sec. 14-T17S-R29E
14. PERMIT NO.	15. ELEVATIONS (Show whether ST, RT, CR, etc.) 3620.1' GR	12. COUNTY OR STATES Eddy
		13. CROSS 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, run & cmt. csg.	(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 3:30 p.m. 9/16/84. Drilled 12 1/4" hole to 360', ran 8 jts. 8 5/8" 24# new casing to 338', cemented w/250 sax Class C w/2% CC, plug down @ 9:30 p.m. 9/16/84, circulated 75 sax. WOC 18 hours, tested casing to 500# f/20 minutes-held okay.

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

SIGNED <i>Carolyn Purcell</i>	TITLE <u>Production Clerk</u>	DATE <u>9/18/84</u>
ACCEPTED FOR RECORD		
(This space for Federal or State office use)		
APPROVED BY <i>[Signature]</i>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL <u>SEP 27 1984</u>		

*Cubero*, NEW MEXICO

\*See Instructions on Reverse Side

