

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

RECEIVED BY
JAN 18 1985 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. O. C. D. ARTESIA, OFFICER AS WELL [] OTHER []		5. LEASE DESIGNATION AND SERIAL NO. LC-028731 (A)
2. NAME OF OPERATOR Marbob Energy Corporation ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210		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 990 FSL 2310 FWL		8. FARM OR LEASE NAME M. Dodd "A"
14. PERMIT NO.		9. WELL NO. 36
15. ELEVATIONS (Show whether SV, ST, OR, etc.) 3608.25' GR		10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q G SA
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC. T. R. N. OR S.W. AND SUBJECT OR AREA Sec. 14-T17S-R29E
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.)*		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF []	PULL OR ALTER CASING []
FRACTURE TREAT []	MULTIPLE COMPLETE []
SHOOT OR ACIDIZE []	ABANDON* []
REPAIR WELL []	CHANGE PLANS []
(Other) []	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF []	REPAIRING WELL []
FRACTURE TREATMENT []	ALTERING CASING []
SHOOTING OR ACIDIZING []	ABANDONMENT* []
(Other) <u>Run Csg. cmt.</u>	

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

TD 3535'. Ran 85 jts. 5 1/2" 15.50# new casing to 3506', cemented w/1000 sax Halliburton Lite and 400 sax Class C, plug down 12:00 noon 12/19/84. Circulated 75 sax. WOC 18 hours, tested casing to 1500# f/30 minutes-held okay.

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

SIGNED Carlynn Farwell TITLE Production Clerk DATE 1/9/85

(This space for Federal or State office use)

APPROVED BY RECEIVED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY SWQ

JAN 16 1985

*See Instructions on Reverse Side

