

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

NEED NOT BE SUBMITTED IN TRIP
(Other Instructions on reverse side)

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

45P

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 ✓
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.) FWL FSL
At surface 2310 FSL 330 FWL

RECEIVED BY
DEC -3 1985
O. C. D.
ARTESIA, OFFICE

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.
53
10. FIELD AND POOL, OR WILDCAT
Grbg Jackson SR Q G SA
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 11-T17S-R29E
12. COUNTY OR PARISH
Eddy
13. STATE
N.M.

14. PERMIT NO.
30-015-25438
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3624.8' GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) TD, cmt csg ☐
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

(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.)*

TD 4555'. Ran 109 jts. 5½" 15.50# new casing to 4532', cemented w/1500 sax Halliburton Lite w/15# salt, ¼# flocele per sack; and 650 sax Class C w/6#salt, 2/10 of 1% CFR-3 per sack; plug down @7:45 p.m. 11/22/85 circulated 400 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 [Signature] TITLE Production Clerk DATE 11/26/85

(This space for Federal or State office use)

APPROVED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

DEC 2 1985

*See Instructions on Reverse Side