

November 1981  
formerly 9-301

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
were 2-12)

LEASE DESIGNATION AND SERIAL NO

LC-028731 (B)  
IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Marbob Energy Corporation		8. FARM OR LEASE NAME M. Dodd "B"	
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, New Mexico 88211-0217		9. WELL NO. 59	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 834 FSL 819 FEL		10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q Grbg SA	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3606.8' GR	
		12. COUNTY OR PARISH Eddy	13. STATE N.M.

RECEIVED

OCT 15 '87

O. C. D.  
ARTESIA OFFICE

elst

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>TD, cement csq</u> <input checked="" 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.)\*

TD 4585' 10/4/87. Ran 110 jts 5 1/2" O.D. 17# LT&C csq to 4565', cement w/1430 sx Halliburton Lite and 600 sx Class "C", plug down @ 7:00 p.m. 10/4/87, circ 300 sx to surf. WOC 18 hours, tested csq to 1500# f/30 minutes--held okay.

RECEIVED  
OCT 7 10 33 AM '87  
CARLSON RESOURCE  
AREA HEADQUARTERS

I hereby certify that the foregoing is true and correct  
SIGNED Rhonda Nelson TITLE Production Clerk DATE 10/6/87  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side