

November 1983
formerly 9-3-31)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

COMPLETION
DATE
SUBMIT IN TRI
(Other Instructions)
USE 10

REVISIONS
EFFECTIVE DATE
1985
5. LEASE DESIGNATION AND SERIAL NO.

258

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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.)

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Marbob Energy Corporation

3. ADDRESS OF OPERATOR
P.O. Drawer 217, Artesia, New Mexico 88211-0217

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
125 FNL 25 FWL

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3619.1' GR

5. 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.
61

10. FIELD AND POOL, OR WILDCAT
Grbg Jackson SR Q Grbg SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 14-T17S-R29E

12. COUNTY OR PARISH
Eddy

13. STATE
N.M.

OCT 05 '87

O. C. D.
ARTESIA, OFFICE

18. 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) <i>Spud, cmt csg</i>	<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 11:00 p.m. 9/13/87. Drl'd 12 1/2" hole to 370', ran 8 jts 8 5/8" O.D. 24# J-55 csg to 333'. Cmt w/ 250 sx Class "C" w/2% CC, plug down @ 4:30 p.m. 9/13/87, circ 35 sx to surf. WOC 18 hours, tested csg to 600# f/20 minutes--held okay. Reduced hole to 7 7/8" and resumed drlg.

RECEIVED

SEP 16 10 47 AM '87
CARLSBAD OFFICE
AMERICAN OVERSEAS

ACCEPTED FOR RECORD
SEP 25 1987
SJS
CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED *Rhonda Nelson* TITLE *Production Clerk* DATE *9/15/87*

This space for Federal or State office use

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side