

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD
Artesia, NM 88210

LEASE

LC-028731-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME RECEIVED

8. FARM OR LEASE NAME

M. Dodd "B"

NOV 10 1982

9. WELL NO.

10

O. C. D.

10. FIELD OR WILDCAT NAME ARTESIA, OFFICE

Grby Jackson Qn SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

10 17S-29E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other

2. NAME OF OPERATOR

Marbob Energy Corporation

3. ADDRESS OF OPERATOR

P.O. Dr. 217, Artesia, N.M. 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660 FNL 1980 FWL

AT TOP PROD. INTERVAL:

Same

AT TOTAL DEPTH:

Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Change of operator

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X

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Effective 10/1/82 we took over as operator. Former operator was Sun Exploration & Production Co., P.O. Box 1861, Midland, Texas 79702.

RECEIVED

NOV 2 1982

OIL & GAS
MINERAL SERVICE
ROSWELL, NEW MEXICO

Subsurface Safety Valve: Manu. and Type

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

SIGNED

TITLE Production Clerk DATE 10/29/82

APPROVED BY (Orig. Sgd.)

APPROVED

PETER W. CHESTER

CONDITIONS OF APPROVAL, IF ANY:

NOV 9 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side