

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TWO COPIES
(Other Instructions on Reverse Side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 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 depth.
Use "APPLICATION FOR PERMIT--" for such proposals.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ PA		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 88211-0001		9. WELL NO. 10	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FNL 1980 FWL		10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q Grbg SA	
14. PERMIT NO.		15. ELEVATIONS (Show whether of RT, CR, etc.) 3591' DR	
12. COUNTY OR PARISH Eddy		13. STATE N.M.	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PCCL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

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.)*

Dry hole marker has been set. Location is clean and ready for inspection.

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

SIGNED

Phonda Nelson

TITLE

Production Clerk

DATE

8/30/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side