Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

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OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

1. oil well [XX]   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: *1980 FSL 1650 FWL*
   AT TOP PROD. INTERVAL: *Same*
   AT TOTAL DEPTH: *Same*

5. LEASE
   LC-028731-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME
   M. Dodd "B"

9. WELL NO.
   13

O. C. D.
ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME
   Grbg Jackson Qn SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
   10- 17S-29E

12. COUNTY OR PARISH   13. STATE
   Eddy   *N.M.*

14. API NO.

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

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

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

	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*		X

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.*

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Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE *Production Clerk* DATE *10/29/82*

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER   TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:
NOV 9 1982

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR *See Instructions on Reverse Side*