

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.)

1. oil ☐ well ☐ gas ☐ well ☐ other ☒ Injection
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 660 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 <input type="checkbox"/>  | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>     | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>          | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/>    | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/>         | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/>             | <input type="checkbox"/> |
| (other) <u>Return to injection</u>            |                          |

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.)\*

*This well has been temporarily abandoned. We changed out the tubing in well and returned to active injection.*

|  |
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| 5. LEASE<br><u>I.C. 028731-B</u>   |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                       |
| 7. UNIT AGREEMENT NAME<br><b>RECEIVED</b>                                  |
| 8. FARM OR LEASE NAME<br><u>M. Dodd "B"</u> <b>FEB 15 1983</b>             |
| 9. WELL NO.<br><u>8</u> <b>O.C.D.</b>                                      |
| 10. FIELD OR WILDCAT NAME<br><u>Artesia, Office Grbg Jackson On SA</u>     |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><u>Sec. 14-17S-29E</u> |
| 12. COUNTY OR PARISH<br><u>Eddy</u>  |
| 13. STATE<br><u>N.M.</u>   |
| 14. API NO.  |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD)<br><u>3619' DF</u>                   |

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

**RECEIVED**

**FEB 8 1983**

**OIL & GAS  
MINERALS MGMT. SERVICE  
ROSWELL, NEW MEXICO**

Subsurface Safety Valve: Manu. and Type

Set @ \_\_\_\_\_ Ft.

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

SIGNED Carolyn Davis TITLE Production Clerk DATE 2/7/83

**ACCEPTED FOR RECORD** (space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_

**FEB 14 1983**

**MINERALS MANAGEMENT SERVICE  
ROSWELL, NEW MEXICO**

\*See Instructions on Reverse Side