

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 ☐
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 FSL 660 FEL*  
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) <i>Change of operator</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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.*

5. LEASE  
*LC 028731-A*
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
**RECEIVED**
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
*M. Dodd "A"*
9. WELL NO.  
*4*
10. FIELD OR WILDCAT NAME  
*Grbg Jackson Qn SA*
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
*22-17S-29E*
12. COUNTY OR PARISH  
*Eddy*
13. STATE  
*N.M.*
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

**RECEIVED**  
NOV 2 1982

MINERAL  
ROSWELL, NM

Subsurface Safety Valve: Manu. and Type

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

SIGNED

*C. W. Chester*

TITLE *Production Clerk*

DATE *10/29/82*

APPROVED BY *(Signature)* PETER W. CHESTER TITLE

CONDITIONS OF APPROVAL, IF ANY:

NOV 9 1982

FOR

JAMES A. GILLHAM  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side