NM OIL CONS. Comedission Drawer DD Artesia, NM 88210

Form 9-331 Dec. 1973

JAMES A. GILLHAM DISTRICT SUPERVISOR

	Form Approved.	
	Budget Bureau	No. 42-R1424
EASE		
C-028731 - B		

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill this deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals to ther 1. oil gas well AX well other 2. NAME OF OPERATOR Marbob Energy Corporation GEOLOGICAL SURVEY Marbob Energy Corporation GEOLOGICAL SURVEY NEW MEXICO 3. ADDRESS OF OPERATOR P.O. Drawer 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. IF INDIAN, ALLOTTEE OR TRIBE NAME RECEIVED 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME 1 0 1982 M. Dodd "B" 9. WELL NO. 20 ARTESIA. OFFICE 10. FIELD OR WILDCAT NAME Grayburg 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.	UNITED STATES	5. LEASE
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill his piecepon or plug back to Adytheric reterrori. Use from 9-331-5 for such promitives. NOV 4 1982 I. oil gas well other CEROTOR CEROTOR SURVEY MANDO 3. ADDRESS OF OPERATOR CEROTOR SURVEY MANDO 3. ADDRESS OF OPERATOR P.O. DEAMER 127, Artesia, N.M. 88210 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below). AT SUBFACE: 660 FSL 660 FEL AT TOP PROD. INTERVAL Same AT TOTAL DEFTH: 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 FEACTURE TERAL SHOT OR ACIDIZE REPORT OR ACIDIZE	DEPARTMENT OF THE INTERIOR	LC-028731-B
SUNDRY NOTICES AND REPORTS ON WELLS Concern use this form for proposable to only the deepen or pulp back to addition to the control of the c	GEOLOGICAL SURVEY	
1. del	SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
1. Oil Well John Turn 1982 J. NAME OF OPERATOR MAINTON ENERGY WELL ON ARTESIA OFFICE 2. NAME OF OPERATOR CONSIGNAL SURVEY MARKED 3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.N. 88210 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below) AT SURFACE: 660 FSL 660 FSL 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 THAT THE PROPERTY OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE THAT THE PROPERTY OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE THAT THE PROPERTY OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE THAT THE PROPERTY OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE THAT THE PROPERTY OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE THAT THE PROPERTY OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE THAT THE PROPERTY OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE THAT THE PROPERTY OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE THAT THE PROPERTY OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE THAT THE PROPERTY OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE THAT THE PROPERTY OF: TEST WATER SHUT-OFF FRACTURE TREAT (NOTE: Report results of multiple completion or zens change on form 9-3301) (NOTE: Report results of multiple completion or zens which is work.) TO 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 treverical 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. The Production Clerk Date The Production Clerk Date To The Production Clerk Date The Production Clerk Date The Prod		8. FARM OR LEASE NAMEY 1 0 1982
2. NAME OF OPERATOR Marbob Energy Corporation SWELL NEW MEXICO 3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below) AT SURFACE: 660 FSL 660 FSL 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 ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (Other) Change of operator X 17. DESCRIBE PROPOSED OR COMMETED 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.)* Subsurface Safety Valve: Manu. and Type Subsurface Safety Valve: Manu. and Type TILE Production Clerk Chis space for Federal or State office use) APPROVED BY CORS. Sed.) PETER W. CHESTER APPROVED BY CORS. Sed.) PETER W. CHESTER THE PRODUCTION OF BELL OR SILL OF SAME AND SURVEY OR AREA 10175-29E 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. (NOTE: Report results of multiple completion or zone change on form 9-330) 17. ESCRIBE PROPOSED OR COMMETED 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 Subsurface Safety Valve: Manu. and Type The Production Clerk Chis space for Federal or State office use) APPROVED BY THE PRODUCTION CLERK THE CROWNER CARDY JACKSON OF SA 11. Independent State office use)	1. oil con gas con	M. Dodd "B"
Marbob Energy Corporation CECONGICAL SURVEY 3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below). AT SURFACE: 660 FSL 660 FSL AT 10P FROD. 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 ALIFER CASING WILLIAM WI	2 NAME OF OPERATOR VOIL & GAS	J. WELL ING.
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 FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL REPAIR WELL 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.)* Subsurface Safety Valve: Manu. and Type Subsurface Safety Valve: Manu. and Type Subsurface Safety Valve: Manu. and Type (Orig. Sgd.) PETER W. CHESTER PROPOSED IN CHESTER (In the production Clerk DATE (Orig. Sgd.) PETER W. CHESTER (Cours) State office use)	Marbob Energy Corporation GEOLOGICAL SURVEY	
A. 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 AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 17. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 18. ELEVATIONS (SHOW DF, KDB, AND WD) 19. EL		
Delow.) AT SURFACE: 660 FSL 660 FEL AT TOP PROD. INTERVAL: Same AT TOTAL DEFTH: 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 MULL OR ALTER CASING MULTIPLE COMPLETE MULTIPLE COMP		
AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 17. REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 18. THE SHOT OR ACIDIZE REPAIR WELL REPORT CASING REPORT COMPLETE REPORT OR ALTER CASING REPORT COMPLETE REPORT REAT REAT WELL REPORT results of multiple completion or zone change on Form 9-330.) 19. CHANGE ZONES REPAIR WELL REPORT COMPLETE REPORT REPORT OF: REPORT results of multiple completion or zone change on Form 9-330.) 10. CHORD CAMPLETE 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. Subsurface Safety Valve: Manu, and Type Set © Ft. 18. I hereby certify that the foregoing is true and correct SIGNED TILE Production Clerk DATE (Chis. Sgd.) PETER W. CHESTER (Chis. Sgd.) PETER W. CHESTER	below.)	
AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL OR ALTER CASING OUTE: Report results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.) (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. Subsurface Safety Valve: Manu. and Type Set © Ft. 18. I hydroby certify that the foregoing is true and correct SIGNED TILE Production Clerk DATE 10/29/82 (Onit. Sgd.) PETER W. CHESTER LIFE PAPROVED BY Sgd.) PETER W. CHESTER LIFE PAPROVED BY Sgd.) PETER W. CHESTER LIFE 15. ELEVATIONS (SHOW DF, KDB, AND WD) 16. API NOTE: 16. API NO. 16	AT TOP PROD. INTERVAL: Come	l
REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	AT TOTAL DEPTH: Same	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL REPAIR WELL CHANGE ZONES CHANGE ZONES CONTROL CHANGE ZONES TO BESCRIBE 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. Subsurface Safety Valve: Manu. and Type Set @ Ft. 18. I haveby pertify that the foregoing is true and correct SIGNED TILLE Production Clerk DATE 10/29/82 (Cris. Sgd.) PETER W. CHESTER TILLE PROVIDED THE DATE DATE DATE DATE DATE DATE DATE DAT	REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
FRACTURE TREAT SHOOT OR ACIDIZE SHOOT OR ALTER CASING WILTIPLE 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. Subsurface Safety Valve: Manu. and Type Set @ Ft. 18. I hereby certify that the foregoing is true and correct SIGNED TILLE Production Clerk DATE 10/29/82 (Chris. Sgd.) PETER W. CHESTER THE		
SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES (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. Subsurface Safety Valve: Manu. and Type Subsurface Safety Valve: Manu. and Type Subsurface Safety Valve: Manu. and Type (Orie: Sgd.) PETER W. CHESTER With the production Clerk Date 10/29/82 (Orie: Sgd.) PETER W. CHESTER		
PULL OR ALTER CASING Change on Form 9-330.) MULTIPLE COMPLETE COHANGE 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. Subsurface Safety Valve: Manu. and Type Set © Ft. 18. I hereby certify that the foregoing is true and correct SIGNED TILE Production Clerk DATE 10/29/82 (Oric. Sgd.) PETER W. CHESTER TILE DATE DATE DATE DATE DATE DATE DATE DAT	SHOOT OR ACIDIZE	
MULTIPLE COMPLETE CHANGE ZONES ABANDON*	Land Land	
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. Subsurface Safety Valve: Manu. and Type Set @ Ft. 18. I hereby certify that the foregoing is true and correct SIGNED TIPLE Production Clerk DATE 10/29/82 (Onic. Sgd.) PETER W. CHESTER Tiple DATE 10/29/82	MULTIPLE COMPLETE	3 330.
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. Subsurface Safety Valve: Manu. and Type Set @ Ft. 18. I hereby certify that the foregoing is true and correct SIGNED TIFLE Production Clerk DATE 10/29/82 (Orig. Sgd.) PETER W. CHESTER TIFLE PATE DATE DATE	· • • • • • • • • • • • • • • • • • • •	
Subsurface Safety Valve: Manu. and Type Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED (Orig. Sgd.) PETER W. CHESTER APPROVED BY TIPLE Production of State office use) (Orig. Sgd.) PETER W. CHESTER APPROVED BY In the reduction of state office use) (It is space for Federal or State office use)	(other) Change of operator X	
Subsurface Safety Valve: Manu. and Type Set @Ft. 18. I hereby certify that the foregoing is true and correct SIGNED TIFLE Production Clerk DATE 10/29/82 (Orig. Sgd.) PETER W. CHESTER TITLE PRODUCTION Clerk DATE 10/29/82	including estimated date of starting any proposed work. If well is d	irectionally drilled give subsurface locations and
Subsurface Safety Valve: Manu. and Type Set @Ft. 18. I hereby certify that the foregoing is true and correct SIGNED TIFLE Production Clerk DATE 10/29/82 (Orig. Sgd.) PETER W. CHESTER TITLE PRODUCTION Clerk DATE 10/29/82	Effective 10/1/82 we took over as operato	or. Former operator was
Subsurface Safety Valve: Manu. and Type Set @Ft. 18. I hereby certify that the foregoing is true and correct SIGNED TIFLE Production Clerk DATE 10/29/82 (This space for Federal or State office use) (Orig. Sgd.) PETER W. CHESTER APPROVED BY	Sun Exploration & Production Co., P.O. Bo	ox 1861, Midland, Texas 79702.
18. I hereby certify that the foregoing is true and correct SIGNED TIFLE Production Clerk DATE 10/29/82 (Orig. Sgd.) PETER W. CHESTER APPROVED BY		
18. I hereby certify that the foregoing is true and correct SIGNED TIFLE Production Clerk DATE 10/29/82 (Orig. Sgd.) PETER W. CHESTER APPROVED BY		
18. I hereby certify that the foregoing is true and correct SIGNED TIFLE Production Clerk DATE 10/29/82 (Orig. Sgd.) PETER W. CHESTER APPROVED BY		
18. I hereby certify that the foregoing is true and correct SIGNED TIFLE Production Clerk DATE 10/29/82 (Orig. Sgd.) PETER W. CHESTER APPROVED BY	•	
18. I hereby certify that the foregoing is true and correct SIGNED TIFLE Production Clerk DATE 10/29/82 (Orig. Sgd.) PETER W. CHESTER APPROVED BY		
18. I hereby certify that the foregoing is true and correct SIGNED TIFLE Production Clerk DATE 10/29/82 (Orig. Sgd.) PETER W. CHESTER APPROVED BY		
18. I hereby certify that the foregoing is true and correct SIGNED TIFLE Production Clerk DATE 10/29/82 (Orig. Sgd.) PETER W. CHESTER APPROVED BY		
(Orig. Sgd.) PETER W. CHESTER APPROVED BY ODER TITLE Production Clerk DATE 10/29/82 (Orig. Sgd.) PETER W. CHESTER DATE DATE	Subsurface Safety Valve: Manu. and Type	Set @ Ft.
(This space for Federal or State office use) (Orig. Sgd.) PETER W. CHESTER APPROVED BY		
(Orig. Sgd.) PETER W. CHESTER	SIGNED TIPLE Production CI	erk DATE 10/29/82
APPROVED BY		ice use)
	APPROVED BY	DATE

See Instructions on Reverse Side