

NM OIL CONS. COMMISSION  
Drawer DD  
Artesia, NM 88210

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.)

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR  
*Marbob Energy Corporation*
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: *1980 FSL 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:

- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) *Change of operator*

SUBSEQUENT REPORT OF:

- ☐  
☐  
☐  
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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-B*
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
**RECEIVED**
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
*M. Dodd "B"*
9. WELL NO.  
*27*
10. FIELD OR WILDCAT NAME  
*Grayburg Jackson Qn SA*
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
*11-17S-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.)

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 *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

FOR  
*JAMES A. GILLHAM*  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side