

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ WIW	RECEIVED	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Marbob Energy Corporation		8. FARM OR LEASE NAME M. Dodd "B"
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210	JUN 08 '89	9. WELL NO. 27
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980 FSL 660 FWL	O. C. D. ARTESIA OFFICE	10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q Grbg SA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3619' GR	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 11-T17S-R29E
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	
(Other) Return to active injection ☒		(Note: Report results of multiple completion on Well Completion or Recompletion Report and log form.)	

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 holes pertinent to this work.)*

We propose to place well to active injection as follows:

Clean out to TD; run new pkr and new 2 3/8" plastic coated tbq, set @ 2400'; circ pkr fluid around backside, pressure tst csg to 500#, return to injection.

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

SIGNED Rhonda Nelson TITLE Production Clerk DATE 5/26/89

(This space for Federal or State office use)

APPROVED BY [Signature] FOR: Chief DATE 6-7-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side