

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

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 in a well or reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection	RECEIVED BY OCT 03 1984 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. LC-028731 (B)
2. NAME OF OPERATOR Marbob Energy Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FSL 1980 FEL		8. FARM OR LEASE NAME M. Dodd "B"
14. PERMIT NO.	15. ELEVATIONS (Show whether SP, SW, OR, etc.) 3602' KB	9. WELL NO. 28
		10. FLOOD AND POOL, OR WILDCAT Grayburg Jackson
		11. SURF. C. L. N., OR B.L. AND CROSS-SECTION AREA Sec. 10-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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> Return to injection	

(Note: Report results of multiple completion on Well Completion or Recombination 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 zones pertinent to this work.)

We pulled tubing & packer, cleaned well out to TD, ran new tubing & packer, circulated hole w/corrosion inhibitor, set packer @ 2350', tested casing to 500#, held okay, acidized perfs and put well on injection.

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

SIGNED Gregory Purcella
ACCEPTED FOR RECORD

TITLE Production Clerk

DATE 9/27/84

(This space for Federal or State office use)

APPROVED BY SWO
CONDITIONS OF APPROVAL 9/27/84

TITLE

DATE

Carlsbad NEW MEXICO

*See Instructions on Reverse Side