NM OIL CONS. COMMISSION Drawer DD

Artesia, NM 88210 Form 9-331 Form Approved. Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR LC-028731-B 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME RECEIVED 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.) **3. FARM OR LEASE NAME** M. Dodd "B" NOV 1 0 1982 gas well XX well other 9. WELL NO. 2. NAME OF OPERATOR 34 O. C. D. U.S. GEOLOGICAL SURV Marbob Energy Corporation 10. FIELD OR WILDCAT NAMESIA, OFFICE <u>roswell,</u> new mexic 3. ADDRESS OF OPERATOR Grayburg Jackson Qn SA P.O. Drawer 217, Artesia, N.M. 88210 11. SEC., T., R., M., OR BLK. AND SURVEY OR **AREA** 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 14-175-29E AT SURFACE: 660 FSL 1980 FEL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same Eddy 14. API NO. 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 (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE **CHANGE ZONES ABANDON*** (other) Change of operator 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 @ __

18. I hereby certify that the foregoing is true and correct SIGNED HILE Production Clerk DATE 10/29/82 (This space for Federal or State office use) APPROVED (Prig. Sgd.) PETER W. CHESTERTLE DATE _ CONDITIONS OF FOR JAMES A. GILLHAM

DISTRICT SUPERVISOR *See Instructions on Reverse Side