

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: 2310 FSL 330 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 <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) Spud, cement | |

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.)*

Spudded 8:00 p.m. 1/3/83. Drilled to 340', ran 340' of 8 5/8" 24# new casing, cemented w/225 sax Class C, 2% CC, plug down @ 7:45 p.m. 1/4/83, did not circulate, ready mixed to surface w/6 yards. WOC 18 hours.

5. LEASE
LC 028731(a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
RECEIVED
8. FARM OR LEASE NAME
Dodd "A" ~~East~~ JAN 13 1983
9. WELL NO.
22
10. FIELD OR WILDCAT NAME
Grayburg Jackson O. C. D. ARTESIA, OFFICE
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22-17S-29E
12. COUNTY OR PARISH
Eddy
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3591 42'

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Subsurface Safety Valve: Manu. and Type

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

SIGNED David R. Glass TITLE Production Clerk DATE 1/5/83

APPROVED BY
CONDITIONS OF APPROVAL

(ORIG. SCD.) DAVID R. GLASS

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

(This space for Federal or State office use)

DATE

*See Instructions on Reverse Side

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO
Set @