

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved. *C/SF*
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-058362

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Boyd Dodd "B"

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson *SP-Q-6-SA*

11. SEC., T., R., N., OR S.E. AND
S.W. 1/4 OR AREA

Sec. 11-T17S-R29E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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 and in accordance with any State requirements.*
See also space 17 below.)

At surface

1295 FSL 2210 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether SP, ST, OR, etc.)

3635.8' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

FULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) *Cmt. csg.*

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 zones pertinent to this work.)*

Spudded 4:30 p.m. 12/5/84. Drilled 12 1/4" hole to 355', ran 8 jts. 8 5/8" 24# new casing to 339', cemented w/250 sax Class C, 2% CC. Plug down @ 10:45 p.m. 12/5/84. Circulated 12 sax. WOC 18 hours, tested casing to 500# f/20 minutes-held okay. Reduced hole to 7 7/8" and resumed drilling.

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

SIGNED

TITLE

Production Clerk

DATE

12/7/84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

Carlsbad *See Instructions on Reverse Side