

c/sf

Form 3166-1
RECEIVED BY
Formerly 9-331
MAY 6 1985

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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 to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

1. ARTESIA OFFICE

OIL WELL ☒ GAS WELL ☐ OTHER ☐

NM OIL CONS. COMMISSION

2. NAME OF OPERATOR

Drawer DD
Artesia, NM 88210

3. ADDRESS OF OPERATOR

Marbob Energy Corporation

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 DF, RT, GR, etc.)

3635.8' GR

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

Grbg Jackson SR Q G SA

11. SEC., T., R., M., OR BLK. 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:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Set CIBP

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

(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.)

We set a cast iron bridge plug @ 3219' and shut off approximately 35 bbl/ water per day.

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

SIGNED

Carolee Anne La

TITLE

Production Clerk

DATE

4/17/85

(This space for Federal or State office use)

APPROVED BY

ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAY 1 1985

*See Instructions on Reverse Side