

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
N.M. Office, District
Drawer DD
Artesia, NM 88210

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	APR 30 1984	5. LEASE DESIGNATION AND SERIAL NO. LC-028731 (B)
2. NAME OF OPERATOR Marbob Energy Corporation	O. C. D. ARTESIA, OFFICE	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Dr. 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 330 FSL 1345 FEL		8. FARM OR LEASE NAME M. Dodd "B"
		9. WELL NO. 36
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 88-922
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-T17S-R29E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3602.9' GR	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 type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Spud, cement</u>	<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.) *

Spudded 7:00 p.m. 1/21/84, drilled 12 1/4" hole to 336', ran 336' of 8 5/8" 24# new casing, cemented w/225 sax Class C, plug down 7:34 a.m. 1/22/84, circulated 75 sax. WOC 18 hours, tested casing to 600# f/30 minutes-held okay. Reduced hole to 7 7/8" and resumed drilling.

RECEIVED
JAN 26 10 08 AM '84
BUR. OF LAND MGMT
ROSWELL DISTRICT

I hereby certify that the foregoing is true and correct

SIGNED

Carol Cris

TITLE

Production Clerk

DATE

1/23/84

(This space for Federal or State office use)

APPROVED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APR 27 1984

*See Instructions on Reverse Side

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Arar and Collins (1971). The concentration of chlorophylls was expressed as $\mu\text{g mL}^{-1}$ of the sample.