

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, NM 88210

NM OFF CONS. COMMISSION  
(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 on 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"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-028731 (B)
2. NAME OF OPERATOR Marbob Energy Corporation	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"
14. PERMIT NO.	9. WELL NO. 36
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3602.9' GR	10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 2R-2
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-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"/>	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"/>		<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) TD, casing, cement	<input checked="" 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.)\*

TD 3453'. Ran 104 jts. 5 1/2" 15.50# new casing, 12 jts. 5 1/2" 17# new casing, landed @ 3453', cemented w/650 sax Halliburton Lite, 400 sax Class C, plug down 4:30 p.m. 1/29/84, circulated 66 sax. WOC 18 hours. Pressure tested casing to 1500# f/30 minutes-held okay.

RECEIVED  
FEB 1 10 14 AM '84  
BUREAU OF LAND MANAGEMENT  
ROSEMBO DISTRICT

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

SIGNED Carol Davis  
ACCEPTED FOR RECORD  
(This space for Federal or State office use)

TITLE Production Clerk

DATE 1/31/84

APPROVED BY GWO  
CONDITIONS OF APPROVAL MAY 1 1984

TITLE

DATE

Carlsbad, NEW MEXICO \*See Instructions on Reverse Side