

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

c/sa

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"/>	RECEIVED BY	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Marbob Energy Corporation	JUN 08 1984	8. FARM OR LEASE NAME M. Dodd "A"
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210	O. C. D. ARTESIA, OFFICE	9. WELL NO. 32
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 FNL 2310 FEL		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
		11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA Sec. 22-T17S-R29E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3563.2' 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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

TD, run & cmt. casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(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 3446', ran 3446' of 5 1/2" 15.50# casing, cemented w/700 sax Halliburton Lite, 15# salt, 1# flocele per sack; 400 sax Class C, 6# salt, 3/10 of 1% CFR-2 per sack; plug down 1:00 a.m. 6/1/84, circulated 80 sax. WOC 18 hours, tested casing to 1500# f/25 minutes-held okay.

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

SIGNED

Carlynn Davis

TITLE

Production Clerk

DATE

6/4/84

(This space for Federal or State office use)

APPROVED BY

[Signature]
JUN 7 1984

TITLE

DATE

CONDITIONS OF APPROVAL

Artesia, NEW MEXICO

*See Instructions on Reverse Side