

Form 3160-5
November 1983
Artesia, NM 88210
Formerly 9-331)

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

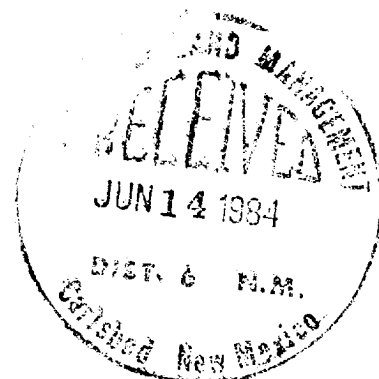
SUNDRY NOTICES AND REPORTS ON WELLS

(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 JUN 18 1984 O. C. D. ARTESIA, OFFICE	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. Drawer 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 1650 FSL 1650 FWL			8. FARM OR LEASE NAME M. Dodd "B"	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3605.9' GR		9. WELL NO. 40
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Mud. Grayburg Jackson		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-T17S-R29E
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.)*		12. COUNTY OR PARISH Eddy		13. STATE N.M.

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>TD, cmt. casing</u>	(Other) <u>X</u>
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

TD 3456'. Ran 3456' of 5½" 15.50# new casing, cemented w/800 sax Halliburton Lite and 400 sax Class C, plug down @ 9:00 p.m. 6/8/84. Did not circulate-ran temperature survey - cement top @ 425'. WOC 18 hours, pressure tested casing to 1500# f/30 minutes-held okay.



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

SIGNED [Signature] TITLE Production Clerk DATE 6/11/84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE NEW MEXICO DATE JUN 12 1984

CONDITIONS OF APPROVAL See Instructions on Reverse Side

