

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 ☒ GAS WELL ☐ OTHER ☐		RECEIVED BY MAY 16 1984 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. LC-028731 (A) B	
2. NAME OF OPERATOR Marbob Energy Corp.			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 1345 FSL 330 FEL			8. FARM OR LEASE NAME M. Dodd "B"	
14. PERMIT NO.		15. ELEVATIONS (Show whether SP, ST, OR, etc.) 3614.4' GR		9. WELL NO. 39
				10. FIELD AND POOL, OR WILDCAT Grayburg Jackson 2K 2. 1
				11. SEC., T., R., M., OR BLM. AND SUBMIT 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANE ☐	(Other) <u>TD, run & cmt. csq.</u>	(Other) <u>X</u>
(Other) ☐		(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 3466', ran 84 jts. 5 1/2" 15.50# new casing to 3466', cemented w/1850 sax Halliburton Lite, 15# salt, 1# flocele per sack; 450 sax Class C w/6# salt, 3/10 of 15% CFR-2, plug down 12:15 p.m. 5/7/84, circulated 165 sax.



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

SIGNED Carolyn Orris TITLE Production Clerk DATE 5/8/84

(This space for Federal or State office use)

APPROVED BY LWJ TITLE _____ DATE _____

CONDITIONS OF APPROVAL MAY 11 1984

Carlsbad,

NEW MEXICO

*See Instructions on Reverse Side