

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"/>                                              | NOV 07 1984                                                  | 5. LEASE DESIGNATION AND SERIAL NO.<br>LC-028731 (B)                      |
| 2. NAME OF OPERATOR<br>Marbob Energy Corporation                                                                                                              | O. C. D.                                                     | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                      |
| 3. ADDRESS OF OPERATOR<br>P.O. Drawer 217, Artesia, N.M. 88210                                                                                                | ARTESIA, OFFICE                                              | 7. UNIT AGREEMENT NAME                                                    |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>2565' FSL 2465 FEL |                                                              | 8. FARM OR LEASE NAME<br>M. Dodd "B"                                      |
|                                                                                                                                                               |                                                              | 9. WELL NO.<br>43                                                         |
|                                                                                                                                                               |                                                              | 10. FIELD AND POOL, OR WILDCAT<br>Grayburg Jackson                        |
|                                                                                                                                                               |                                                              | 11. SEC., T., R., E., OR NE., AND<br>SECTION OR AREA<br>Sec. 14-T17S-R29E |
| 14. PERMIT NO.                                                                                                                                                | 15. ELEVATIONS (Show whether SP, BP, CR, etc.)<br>3617.5' GR | 12. COUNTY OR PARISH<br>Eddy                                              |
|                                                                                                                                                               |                                                              | 13. STATE<br>N.M.                                                         |

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Spud, cmt. csq.

(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 1:30 p.m. 10/29/84. Drilled 12 1/2" hole to 337', Ran 337' of 8 5/8" 24# new casing, PBTD 295', cemented w/250 sax Class C w/2% CC per sack, Plug down @ 5:30 p.m. 10/29/84. Circulated 75 sax. WOC 18 hours, tested casing to 500# f/20 minutes-held okay. Reduced hole to 7 7/8" and resumed drilling.

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

SIGNED

TITLE Production Clerk

DATE 11/1/84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

Carlsbad, NEW MEXICO \*See Instructions on Reverse Side

