

Form 3160-5
November 1983)
Formerly 9-331)

Draw DD
Artesia
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE
(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 or plug wells 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"/>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED BY SEP 12 1984 O. C. D. ARTESIA, OFFICE </div>		5. LEASE DESIGNATION AND SERIAL NO. LC-028731 (A)	
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 330 FSL 330 FWL				8. FARM OR LEASE NAME M. Dodd "A"	
14. PERMIT NO.		15. ELEVATIONS (Show whether SP, ST, or, etc.) 3623.5' GR		9. WELL NO. 35	
				10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
				11. SEC. 2, 3, 4, 5, OR 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100 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 <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) Spud, run & cmt. casing <input checked="" type="checkbox"/>	
(Other) <input 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.) *

Spudded 1:00 pm 9/1/84. Drilled 12 1/2" hole to 338', ran 81 jts. of 8 5/8" 24# new casing to 338', cemented w/250 sax Class C w/2% CC, plug down @ 7:45 p.m., 9/1/84, circulated 40 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

ACCEPTED FOR RECORD

TITLE

Production Clerk

DATE

9/4/84

(This space for Federal or State office use)

APPROVED BY

SEP 7 1984

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY:

Carlsbad,

NEW MEXICO

See Instructions on Reverse Side

