

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

COMMISSION  
SUBMIT IN T  
(Other Instruc  
88210

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

3. LEASE DESIGNATION AND SERIAL NO.

LC-028731(B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐

2. NAME OF OPERATOR  
Marbob Energy Corporation ✓

3. ADDRESS OF OPERATOR  
P.O. Drawer 217, Artesia, N.M. 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface 1425 FNL 330 FEL

RECEIVED BY

DEC -3 1985

O. C. D.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

M. Dodd "B"

9. WELL NO.

47

10. FIELD AND POOL, OR WILDCAT

Grbg Jackson Sr Q G SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 14-T17S-R29E

14. PERMIT NO.

30-015-25230

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3636.8' 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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) TD, cmt csg.

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" 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.)\*

TD 4585'. Ran 110 jts. 5½" 15.50# new casing to 4562', cemented w/1600 sax Halliburton Lite w/15# salt, ¼# flocele per sack; and 650 sax Class C w/6# salt, 2/10 of 1% CFR-3 per sack; plug down @11:15 p.m. 11/20/85, circulated 400 sax. WOC 18 hours, tested casing to 1500# f/30 minutes-held okay.

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

SIGNED

*Donette Morison*

TITLE

Production Clerk

DATE

11/26/85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

DEC 2 1985

\*See Instructions on Reverse Side