

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TR. .CATE*
(Other instructions on re-
verse side)

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

45F

RECEIVED BY
MAY 2 1985
OIL & GAS
WELL - ☒ WELL - ☐
ARTESIA OFFICE

BUREAU OF LAND MANAGEMENT

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 & GAS WELL - <input checked="" type="checkbox"/> WELL - <input type="checkbox"/> OTHER	NM OIL CONS. COMMISSION Drawer B3 Artesia, NM 88210	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Marbob Energy Corporation		8. FARM OR LEASE NAME M. Dodd "B"
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210		9. WELL NO. 48
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1425 FNL 1345 FEL		10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q G SA
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 14-T17S-R29E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3627.7' 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:

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 PLANS

(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.)*

Amend original application to show proposed depth to 4500' instead of 3450' to test the San Andres.

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

SIGNED Charles J. Pucella TITLE Production Clerk

DATE 4/4/85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 5-1-85

*See Instructions on Reverse Side

