

NM OIL CONS. COMMISSION
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

45F
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"/>		RECEIVED BY OCT 7 1985 O. C. D. ARTESIA, OFFICE
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 1345 FEL		
14. PERMIT NO. 30-015-25231	15. ELEVATIONS (Show whether DP, ST, CR, etc.) 3627.7' GR	
5. LEASE DESIGNATION AND AL NO. LC-028731(B)		
6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
7. UNIT AGREEMENT NAME		
8. FARM OR LEASE NAME M. Dodd "B"		
9. WELL NO. 48		
10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q G SA		
11. SEC., T., R., M., OR S.E. AND SURVEY 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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <u>Spud, cmt csq</u>	

(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 4:45 p.m. 9/30/85. Drilled 12 1/4" hole to 355', ran 8 jts. 8 5/8" 24# new casing to 336', cemented w/250 sax Class C 2% CC; plug down @ 1:20 a.m. 10/1/85, circulated 35 sax. WOC 18 hours, tested casing to 600# 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 C. J. Inrealla

TITLE Production Clerk

DATE 10/2/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

OCT 4 1985

*See Instructions on Reverse Side