

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM 88210

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-028731(B)

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Marbob Energy Corporation	OCT 31 1985	8. FARM OR LEASE NAME M. Dodd "B"
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210	O. C. D. ARTESIA, OFFICE	9. WELL NO. 50
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1425 FNL 2615 FWL		10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q G SA
14. PERMIT NO. 30-015-25294	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3625.9' GR	11. SEC., T., R., M., OR BLK. 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 type="checkbox"/>
(Other) <u>TD, cmt. csg.</u>	<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 4563'. Ran 113 jts. 5 1/2" 15.50# new casing to 4548', cemented w/1700 sax Halliburton Lite w/15# salt, 1# flocele per sack; 1100 sax Class C w/6# salt, 2/10 of 1% CFR-3. Plug down @ 8:30 p.m. 10/23/85, circulated 345 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 Carey Purcella TITLE Production Clerk

DATE 10/28/85

(This space for Federal or State office use)

APPROVED BY FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

OCT 30 1985

*See Instructions on Reverse Side