

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR  
NW ATTORNEY'S OFFICE  
Drawer DD  
Artesia, NM 88210

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

5. LEASE DESIGNATION AND SERIAL 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.

51

10. FIELD AND POOL, OR WILDCAT

Grbg Jackson SR Q G SA

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

Sec. 14-T17S-R29E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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

1245 FNL 1245 FWL

14. PERMIT NO.

30-015-25340

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

3615.2' GR

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"/>

PULL OR ALTER CASING

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

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Run, cmt. csq.

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 5838'. Ran 140 jts. 5 1/2" 15.50# new casing to 5800.57'. Cemented w/500 sax Class C w/6# salt, 2/10 of 1% CFR-3 per sack; pumped plug down and opened DV tool @ 3518', circulated trace of cement; circulated 3 hours; cemented from DV tool w/1500 sax Halliburton Lite and 450 sax Class C; pumped plug down and closed DV tool. Circulated 350 sax. Job completed @ 8:45 p.m. 11/10/85. WOC 18 hours, tested casing to 1500# f/30 minutes-held okay.

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

SIGNED

*Carlynn Purcella*

TITLE

Production Clerk

DATE

11/18/85

(This space for Federal or State office use)

APPROVED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV 22 1985

\*See Instructions on Reverse Side