

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
Other instruction
verse side

Expires August 31, 1985

45F

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
1225 FNL 225 FEL

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3612.4' GR

RECEIVED BY
DEC -6 1985
O. C. D.
ARTESIA, N.M.

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.
52

10. FIELD AND POOL, OR WILDCAT
Grbg Jackson SR Q G SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15-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:		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) TD, cmt csq	(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.)

TD 4580'. Ran 110 jts. 5 1/2" 15.50# new casing to 4560', cemented w/1800 sax Halliburton Lite w/15# salt, 4# flocele per sack; 650 sax Class C w/6# salt, 2/10 of 1% CFR-3 per sack; plug down @ 8:30 p.m. 11/30/85; circulated 335 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 Carolyn Purcella

TITLE Production Clerk

DATE 12/4/85

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

DEC 5 1985

*See Instructions on Reverse Side

