

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on
Reverse Side)

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

dsf

LEASE DESIGNATION AND SERIAL NO.

LC-028731(A)

INDIAN, ALLOTTEE OR TRIBE NAME

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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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 330 FSL 2410 FEL	5. UNIT AGREEMENT NAME	6. FARM OR LEASE NAME M. Dodd "A"	7. WELL NO. 38	8. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q G SA	9. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T17S-R29E	10. COUNTY OR PARISH Eddy	11. STATE N.M.
12. PERMIT NO. 30-015-25625	13. ELEVATIONS (Show whether DF, RT, GR, etc.) 3550' GR									

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"/>		<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) Spud, cmt & test csq	<input checked="" 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.) *

Spudded 3:00 p.m. 11/9/86. Drilled 12 1/4" hole to 363', ran 8 jts. 8 5/8" 24# new casing to 342'; cemented w/300 sax Class C, 2% CC; plug down @ 12:30 a.m. 11/10/86; circulated 50 sax. WOC 18 hours, tested casing to 600# f/25 minutes-held okay. Reduced hole to 7 7/8" and resumed drilling.

ACCEPTED FOR RECORD

LWQ
NOV 13 1986

CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED *Carlynn J. ...* TITLE Production Clerk DATE 11/10/86

(This space for Federal or State office use)

BY *...* TITLE ... DATE ...

COPIES OF APPROVAL, IF ANY.

*See Instructions on Reverse Side