

November 1987  
formerly 9-10-10

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO  
Artesia, NM 88210

NM OIL CONS. MISSION  
Artesia, NM 88210

LEASE DESIGNATION AND SERIAL NO.

LC-028731(A)

IF 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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Marbob Energy Corporation	8. FARM OR LEASE NAME M. Dodd "A"
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, New Mexico 88211-0217	9. WELL NO. 42
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650 FSL 2190 FEL	10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q Grbg SA
14. PERMIT NO.	15. ELEVATIONS (Show whether DT, RT, GR, etc.) 3548.0' GR
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  
FRACTURE TREAT  
SHOOT OR ACIDIZE  
REPAIR WELL  
(Other)

PULL OR ALTER CASING  
MULTIPLE COMPLETE  
ABANDON\*  
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF  
FRACTURE TREATMENT  
SHOOTING OR ACIDIZING  
(Other) TD, cmt csq.

REPAIRING WELL  
ALTERING CASING  
ABANDONMENT\*

(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 4570'. Ran 110 jts. 5 1/2" 15.5# new casing to 4553', cmt w/1525 sx Halliburton Lite w/15# salt; and 600 sx Class C w/6# salt, 2/10 of 1% CFR-2 per sx, plug down @ 10:45 a.m. 8/21/87, circ 275 sx. WOC 18 hours, tested casing to 1500# f/30 minutes--held okay.

ACCEPTED FOR RECORD

AUG 31 1987

CARLSBAD NEW MEXICO

RECEIVED

AUG 25 10 48 AM '87

CARLSBAD DISTRICT OFFICE

I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Production Clerk

DATE

8/24/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

November 1983  
Form 9-10-1

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIED  
(Other instructions  
verse 2.10)

TE  
50

EXP. DATE: AUG 31 1984  
LEASE DESIGNATION AND SERIAL NO.

LC-028731 (A)

IF 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.)

RECEIVED

OCT 15 '87

O. C. D.  
ARTESIA OFFICE

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Marbob Energy Corporation

3. ADDRESS OF OPERATOR

P.O. Drawer 217, Artesia, New Mexico 88211-0217

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)

At surface

1650 FSL 2190 FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

M. Dodd "A"

9. WELL NO.

42

10. FIELD AND POOL, OR WILDCAT

Grbg Jackson SR Q Grbg SA

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

Sec. 22-T17S-R29E

14. PERMIT NO.

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

3548.0' GR

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud, cmt csg

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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 1:30 p.m. 8/10/87. Drld 12 1/2" hole to 225', ran 5 jts. 8 5/8" 24# J-55 csg to 211', cemt w/175\* sx Class "C" w/2% CC, plug down @ 6:00 p.m. 8/10/87, circ 35 sx to surf. WOC 18 hours, tested casing to 600# f/20 minutes--held okay. Reduced hole to 7 7/8" and resumed drilling.

Revised to show 175 sx instead of 35 sx.

RECEIVED

SEP 11 11 32 AM '87

APPROVED BY

SJS

CHECKED BY

I hereby certify that the foregoing is true and correct

SIGNED

Rhonda Nelson

TITLE

Production Clerk

DATE

9/28/87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side