

November 1987
formerly 9-351

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DE
(Other Instruct.
Verbo 410)

CATE
OR 1P

5. LEASE DENOMINATION AND SERIAL NO. *clsf*

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.

63

10. FIELD AND POOL, OR WILDCAT

Grbg Jackson SR Q Grbg SA

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

Sec. 14-T17S-R29E

12. COUNTY OR PARISH

Eddy

13. STATE
N.M.

1. 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

2020 FSL 330 FEL

14. PERMIT NO.

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

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)

PCLL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) TD, cement 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.)*

TD 4580' 11/16/87. Ran 110 jts 5 1/2" O.D. 17# LT&C csg to 4557', .PBTD 4543', cmt w/300 sx Class "C" w/2% cc, 1800 sx Halliburton Lite & 600 sx Class "C", circ 30 sx to surf, plug down @ 1:30 p.m. 11/16/87. WOC 18 hrs, tested csg to 1500# f/30 minutes--held okay.

ACCEPTED FOR RECORD

NOV 20 1987

SJS

CARRISBAG

NOV 19 12 18 PM '87
CARRISBAG
ARELLANO
RECORDERS

RECEIVED

I hereby certify that the foregoing is true and correct

SIGNED

Rhonda Nelson

TITLE

Production Clerk

DATE

11/18/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

