

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NJ
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

RECEIVED

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.)

OCT 30 90

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No. (505) 748-3303		5. LEASE DESIGNATION AND SERIAL NO. LC-028731 (B)	
2. NAME OF OPERATOR Marbob Energy Corporation				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Drawer 217, Artesia, NM 88210				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2615 FSL 1980 FEL				8. FARM OR LEASE NAME M. Dodd "B" Federal	
				9. WELL NO. 67	
				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	
14. PERMIT NO. 30-015-26365		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3618.9' GR		12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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"/>	

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 checked="" type="checkbox"/>
(Other) <input type="checkbox"/> Spud & Cmt csg	

(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 @ 8:00 a.m. 10/23/90. Drld 12 1/4" hole to 431', ran 10 jts. 8 5/8" O.D. 24# to 425', cmt'd w/250 sx Class C w/2% CC, circ 40 sx to surface, plug down @ 4:15 p.m. 10/23/90. WOC 18 hrs, tstd csg to 600# f/20 minutes--held okay. Reduced hole to 7 7/8" and resumed drilling.

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

SIGNED Chonda Nelson TITLE Production Clerk DATE 10/29/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side