

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District  
Modified Form No.  
NMX60-3160-4

**SUNDRY NOTICES AND REPORTS ON WELLS 30 1991**

(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"/>		O. C. D. ARTESIA, OFFICE	
2. NAME OF OPERATOR Marbob Energy Corporation		3a. Area Code & Phone No. (505) 748-3303	
3. ADDRESS OF OPERATOR P. O. Drawer 217, Artesia, NM 88210			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310 FSL 1650 FEL			
14. PERMIT NO. 30-015-26782		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3554.5' GR	
5. LEASE DESIGNATION AND SERIAL NO. LC-028731 (A)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME M. Dodd A Federal	
9. WELL NO. 46		10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q Grbg SA	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T17S-R29E		12. COUNTY OR PARISH Eddy	
13. STATE NM		18. STATE	

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 checked="" 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 type="checkbox"/>
(Other)	<input 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.)\*

PROPOSED CASING AND CEMENTING PROGRAM

HOLE SIZE	CASING SIZE	WEIGHT/FOOT	GRADE	THREAD TYPE	SETTING DEPTH	QUANTITY OF CEMENT
17 1/4"	13 3/8"	54.5#	J-55	LT&C	170'	circulate
12 1/4"	8 5/8"	24.0#	J-55	LT&C	800'	circulate
7 7/8"	5 12/16"	17.0#	J-55	LT&C	4500'	Sufficiently attempt to circ

Amend casing program. Verbal approval given to John Gray by Shannon Shaw.

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

SIGNED Robin Smith TITLE Production Clerk DATE 7/22/91  
(This space for Federal or State office use)

APPROVED BY Shannon Shaw TITLE Production Clerk DATE 7/29/91  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side