

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on reverse side)

BLM Roswell District  
Modified Form No.  
NM060-3160-4

CLSF

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.)

Aug 19 1991

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		O. C. D. ARTESIA, OFFICE		5. LEASE DESIGNATION AND SERIAL NO. LC-028731(A)	
2. NAME OF OPERATOR Marbob Energy Corporation		3a. Area Code & Phone No. (505) 748-3303		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 2310 FSL 1650 FEL				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	
14. PERMIT NO. 30-015-26782		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3554.5' GR		12. COUNTY OR PARISH Eddy	
				13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>TD, cmt csg</u>	<input checked="" type="checkbox"/>
(Other) *		(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 4550' 11:30 a.m. 8/7/91. Ran 103 jts 5 1/2" OD 17# EW LT&C csg to 4479', cmt'd w/1125 sx Calss C w/6# salt & 3/10% of CFR-2 per sx, circ 100 sx to pit, plug down @ 3:30 p.m. 8/8/91. WOC 18 hrs, tstd csg to 1500# f/30 minutes--held okay.

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

SIGNED Robin Smith

TITLE Production Clerk

DATE 8/9/91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

16 1991

SJS