

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

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"/>		3a. Area Code & Phone No. 505-748-3303		8. FARM OR LEASE NAME M. Dodd A Federal	
2. NAME OF OPERATOR Marbob Energy Corporation		3b. RECEIVED OCT 25 1991 O. C. D. ARTESIA OFFICE		9. WELL NO. 45	
3. ADDRESS OF OPERATOR P. O. Drawer 217, Artesia, NM 88210		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	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990 FSL 1650 FEL Unit Letter O		12. COUNTY OR PARISH Eddy		13. STATE NM	
14. PERMIT NO. 30-015-26814		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3552.0' GR			

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 PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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) Intermediate csg	<input checked="" type="checkbox"/>		<input checked="" 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.) *

Drld 12 1/4" hole to 816', ran 19 jts. 8 5/8" OD 24#
ST&C csg to 800', cmt'd w/500 sx Halliburton Class C
w/2% CC, circ 80 sx to surf, plug down @ 7:20 p.m.
10/5/91. WOC 18 hrs., tstd csg to 600# f/20 minutes--
held okay.

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

SIGNED Richard Nelson TITLE Production Clerk

DATE 10/8/91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

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*See Instructions on Reverse Side