

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

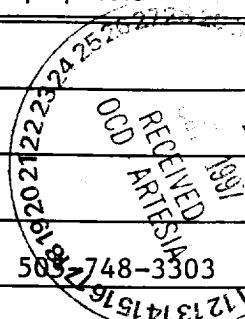
FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other
2. Name of Operator  
**MARBOB ENERGY CORPORATION**
3. Address and Telephone No.  
**P. O. BOX 227, ARTESIA, NM 88210**
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)



5. Lease Designation and Serial No.  
**LC-028731B**
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and No.  
**M. DODD B DEEP FEDERAL #1**
9. API Well No.  
**30-015-29286**
10. Field and Pool, or Exploratory Area  
**GRAYBURG MORROW**
11. County or Parish, State  
**EDDY CO, NM**

**1650 FSL 737 FEL, SEC. 14-T17S-R29E UNIT I**

12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

**TYPE OF SUBMISSION**

- ☐ Notice of Intent
- ☐ Subsequent Report
- ☐ Final Abandonment Notice

**TYPE OF ACTION**

- ☐ Abandonment
- ☐ Recompletion
- ☐ Plugging Back
- ☐ Casing Repair
- ☐ Altering Casing
- ☒ Other **SPUD, CMT CSG**

- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ Dispose Water

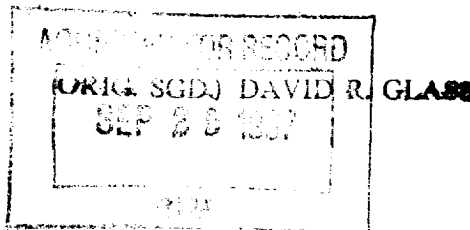
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

SPUD WELL @ 12:30 P.M. 9/14/97. DRLD 17 1/2" HOLE TO 384', RAN 9 13 3/8" 48# CSG TO 382', CMTD W/415 SX CLASS C, PLUG DOWN @ 12:45 P.M. 9/15/97, CIRC 60 SX TO SURF. WOC 18 HRS, TSTD CSG TO 600# FOR 20 MIN. HELD OK.

DEPT. OF LAND MGMT.  
OFFICE OF WELL LOGGING

RECEIVED  
1997 SEP 18 A 9:25



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

Signed Chonda Nelson Title **PRODUCTION CLERK**

Date **9/17/97**

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_