

**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.	30-015-20167
5. Indicate Type of Lease	FEDERAL <del>STATE</del>
6. <del>State and County Lease</del>	
FEDERAL LEASE NO.	NMLC028731B
7. Lease Name or Unit Agreement Name	
	DODD FEDERAL UNIT
8. Well Number	5
9. OGRID Number	14049
10. Pool name or Wildcat	
GRBG JACKSON SR O GRBG SA	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name  <b>DODD FEDERAL UNIT</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> WIW	<b>RECEIVED</b> <b>JUN 15 2006</b> <b>WU-ARTESIA</b>	8. Well Number <b>5</b>
2. Name of Operator <b>MARBOB ENERGY CORPORATION</b>		9. OGRID Number <b>14049</b>
3. Address of Operator <b>PO BOX 227, ARTESIA, NM 88211-0227</b>		10. Pool name or Wildcat <b>GRBG JACKSON SR Q GRBG SA</b>
4. Well Location Unit Letter <b>F</b> : <b>1980</b> feet from the <b>NORTH</b> line and <b>1980</b> feet from the <b>WEST</b> line Section <b>11</b> Township <b>17S</b> Range <b>29E</b> NMPM County <b>EDDY</b>		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
<b>Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/></b>		
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p style="text-align: center;"><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/>    PLUG AND ABANDON <input checked="" type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/>    CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/>    MULTIPLE COMPL <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p style="text-align: center;"><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/>    ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/>    P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
---	--

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PLUG & ABANDON AS FOLLOWS:

NOTIFY BLM 24 HRS BEFORE STARTING PLUGGING OPERATION.

1. POOH W/ TBG & PKR.
2. SHOOT 4 SQZ HOLES @ 895' (50' BELOW BASE SALT @ 845').
3. SET CIBP ON TBG @ 2400'. SPOT 15 SX CLASS "C" NEAT CMT ON TOP OF CIBP. PULL UP TO 2100' & CIRC WELL BORE FULL OF 9 PPG BRINE MIXED W/ 25 SX PER 100 BBLs OF SALT GEL (APPX 35 BBLs CSG VOLUME).
4. PULL TBG TO 750'. PUMP 45 SX CLASS "C" + 2% CACL2 TO END OF TBG (PLACING CMT INSIDE & OUTSIDE THE CSG). TOOH W/ TBG, LOAD CSG. WOC A COUPLE HRS & TAG CMT.
5. SHOOT 4 SQZ HOLES @ 580' (50' BELOW 8 5/8" SHOE @ 530'). PUMP 200 SX CLASS "C" + 2% CACL2 DOWN 4 1/2" CSG & UP 8 5/8" X 4 1/2" ANNULUS TO FILL THE WELL FROM 580' TO SURFACE W/ CMT.
6. CUT W/H & CSG OFF 3' BELOW GROUND LEVE. & REMOVE. WELD PLATE ONTO 8 5/8" STUB. WELD 4" DRY HOLE MARKER ONTO PLATE SUCH THAT 4' OF IT IS ABOVE GROUND LEVEL.
7. CUT OFF ANCHORS & RECLAIM LOCATION PER BLM SPECS.

\*\*\*BLM FORM 3160-5 SUBMITTED ON 6/13/06\*\*\*

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE PRODUCTION ANALYST DATE 6/13/06

Type or print name DIANA J. BRIGGS

E-mail address **PRODUCTION@MARBOB.COM** Telephone No. (505) 748-330

**For State Use Only**

Accepted for record

APPROVED BY: \_\_\_\_\_ TITLE **NMOC** \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):