

4/5F

NM OIL CONS. COMMISSION  
Drawer DD  
Artesia, NM 88210

Form 9-331  
Dec. 1973

Form Approved.  
Budget Bureau No. 42-R1424

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR  
*Marbob Energy Corporation* ✓
3. ADDRESS OF OPERATOR  
*P.O. Dr. 217, Artesia, N.M. 88210*
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: *1980 FNL 660 FEL*  
AT TOP PROD. INTERVAL: *Same*  
AT TOTAL DEPTH: *Same*
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO:                      | SUBSEQUENT REPORT OF:               |
|---|-------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>  | <input type="checkbox"/>            |
| FRACTURE TREAT <input type="checkbox"/>       | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE <input type="checkbox"/>     | <input type="checkbox"/>            |
| REPAIR WELL <input type="checkbox"/>          | <input checked="" type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/>            |
| MULTIPLE COMPLETE <input type="checkbox"/>    | <input type="checkbox"/>            |
| CHANGE ZONES <input type="checkbox"/>         | <input type="checkbox"/>            |
| ABANDON* <input type="checkbox"/>             | <input type="checkbox"/>            |
| (other) _____                                 | _____                               |

5. LEASE  
*LC-028731-A*
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME **RECEIVED BY**
8. FARM OR LEASE NAME  
*M. Dodd "A"* **SEP 30 1983**
9. WELL NO.  
*3* **O. C. D.**
10. FIELD OR WILDCAT NAME  
*Grbg Jackson On SA* **ARTESIA, OFFICE**
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
*Sec. 22-17S-29E*
12. COUNTY OR PARISH  
*Eddy* 13. STATE  
*N.M.*
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

*12/30/82 Moved in pulling unit, cleaned well out, ran tubing & rods & pump, put on production. Well produced 7 bbl. oil in 24 hours.*

**RECORDED**

**JAN 4 1983**

**U.S. DEPT. OF THE INTERIOR  
MINERAL RESOURCES DIVISION  
ROSWELL, NEW MEXICO**

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *Peter W. Chester* TITLE *Production Clerk* DATE *1/3/83*

ACCEPTED FOR RECORD  
(This space for Federal or State office use)

APPROVED BY **PETER W. CHESTER** TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY

**SEP 29 1983**