

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE  
(Other instruction  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

c/SP

**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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-028731 (A)
2. NAME OF OPERATOR Marbob Energy Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 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 675 FNL 660FEL		8. FARM OR LEASE NAME M. Dodd "A"
14. PERMIT NO. None	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3572' DF	9. WELL NO. 10Y
		10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Qn G SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ABRA Sec. 22-T17S-R29E
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

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>Update to retain TA status</u> <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.)\*

We wish to retain TA status as we will evaluate this well for active injection in a potential waterflood. There is a cast iron bridge plug set @ 2330' and the well was pressure tested to 500#. teste@ 5/14/85. OK

APPROVED FOR 12 MONTH PERIOD  
ENDING 2/1/87

RECEIVED BY  
JAN 3 1 1986  
O. C. D.  
ARTESIA, OFFICE



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

SIGNED [Signature] TITLE Production Clerk DATE 1/10/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 1-30-86

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

