

CORRECTED REPORT

Form 9-331
Dec. 1973

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

Form Approved.
Budget Bureau No. 42-R1424

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 FWL
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 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) <u>Return to production</u>		<u>X</u>

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.)*

Well was TA. Cleaned out to TD, acidized perfs 2436-46' w/1000 gal. 15% NE; fraced w/1000 bbl. gelled water, 25,000# 20/40 sand, 16,000# 10/20 sand, returned to production.

Request allowable of 2 bbl/day.

5. LEASE <u>LC-028731-B</u>	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME <u>MAY 06 1983</u> <u>M. Dodd "B"</u>	
9. WELL NO. <u>O. C. D.</u> <u>17</u> <u>ARTESIA, OFFICE</u>	
10. FIELD OR WILDCAT NAME <u>Grbg Jackson SR On Grbg SA</u>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 14-17S-29E</u>	
12. COUNTY OR PARISH <u>Eddy</u>	13. STATE <u>N.M.</u>
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) <u>3590' GR</u>	

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

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Carol Ann TITLE Production Clerk DATE 5/3/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____