

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 86210

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

45F

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.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ WIW		5. LEASE DESIGNATION AND SERIAL NO. LC-028731(B)	
2. NAME OF OPERATOR Marbob Energy Corporation /		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, New Mexico 88211-0217		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 1980 FNL 660 FEL		8. FARM OR LEASE NAME M. Dodd "B"	
14. PERMIT NO.		9. WELL NO. 30	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3617' KB		10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q Grbg SA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-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:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other) Return to active injection	☒		☒
(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.)

9/27/89 CO to 2655'; RIH w/2-3/8" plastic coated tbq & 4-1/2" pkr, circ pkr fluid @ 2321', set pkr @ 2321'; tstd csg to 300#-- held okay. Put back to injection.

OCT 5 11 03 AM '89
CARTER
AREA

RECEIVED

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

SIGNED Phonda Nelson TITLE Production Clerk DATE 10/3/89

(This space for Federal or State office use)

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

*See Instructions on Reverse Side