

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

2/5F

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 new proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-0287.31 (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 1350 FNL 330 FEL		8. FARM OR LEASE NAME M. Dodd "A"	
14. PERMIT NO.		9. WELL NO. 31	
15. ELEVATIONS (Show whether BV, ST, OR, etc.) 3585.6' GR		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
		11. SEC., T., R., E., OR S.E. AND CORNER OR AREA 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) Spud, cement	(Other) <input checked="" type="checkbox"/>
(Other) <input 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.)*

Spudded 12:00 p.m. 10/21/84. Drilled 12 1/4" hole to 355', ran 8 jts. 8 5/8" 24# new casing to 337', cemented w/250 sax Class C, 2% CC, did not circulate, ran temperature survey - top of cement @ 69', ready mixed to surface w/4 yards. Plug was down @ 7:00 p.m. 10/21/84. WOC 18 hours, tested casing to 500# f/20 minutes-held okay.

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

SIGNED <u>Carolyn Garcelle</u>	TITLE <u>Production Clerk</u>	DATE <u>10/22/84</u>
ACCEPTED FOR RECORD (This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL IS <u>10/22/84</u>		

Carlsbad, NEW MEXICO

*See Instructions on Reverse Side