

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	DEC 14 '89	5. LEASE DESIGNATION AND SERIAL NO. LC-028731 (B)
2. NAME OF OPERATOR Marbob Energy Corporation	O. C. D.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, New Mexico 88211-0217	ARTESIA, OFFICE	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 FSL 1345 FEL		8. FARM OR LEASE NAME M. Dodd "B"
		9. WELL NO. 65
		10. FIELD AND POOL, OR WILDCAT Grbg Jackson SR Q Grbg SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-T17S-R29E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3623.6' GR	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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) TD, cmt csg ☒

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

(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.)*

TD @ 4585' 11/21/89. Ran 110 jts. 5 1/2" OD 17# csg to 4564'; cmt'd w/1540 sx Class C cmt, circ 180 sx to surface, plug down @ 9:30 a.m. 11/22/89. WOC 18 hrs., tstd csg to 1500# f/30 minutes--held okay.

Adm

RECEIVED
DEC 5 10 42 AM '89

I hereby certify that the foregoing is true and correct

SIGNED Rhonda Nelson TITLE Production Clerk

DATE 11/28/89

(This space for Federal or State office use)

PROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side