

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well ☐ Oil Well ☐ Gas Well ☒ Other WIW	5. Lease Designation and Serial No. LC-028793C
2. Name of Operator Marbob Energy Corporation	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Drawer 227, Artesia, NM 88210 505-748-3303	7. If Unit or CA, Agreement Designation BURCH KEELY UNIT
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 990 FSL 2310 FEL SEC. 19-T17S-R30E UNIT 0	8. Well Name and No. BURCH KEELY UNIT #102
	9. API Well No. 30-015-04212
	10. Field and Pool, or Exploratory Area GRBG JACKSON SR Q GRBG SA
	11. County or Parish, State Eddy County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
☐ Notice of Intent	☐ Abandonment
☒ Subsequent Report	☐ Recompletion
☐ Final Abandonment Notice	☐ Plugging Back
	☐ Casing Repair
	☐ Altering Casing
	☐ Other
	☐ Change of Plans
	☐ New Construction
	☐ Non-Routine Fracturing
	☐ Water Shut-Off
	☒ Conversion to Injection
	☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

8/29/96 TOH W/PRODUCTION STRING, TIH W/R-4 PLASTIC COATED PACKER
AND 2 7/8" SALTA PIPE TO 2659', CIRC PACKER FLUID,
PREPARE FOR INJECTION.

RECEIVED

NOV - 1 1996

(ORIG. SGD.) DAVID R. GLASS

OIL CON. DIV.

DIST. 2

Post ID-3
11-8-96
Prod to WIW

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

Signed

Chonda Nelson Title PRODUCTION CLERK

Date 10/2/96

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: