

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

License Designation and Serial No.

LC-028784B

If Indian, Allottee or Tribe Name

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

2. Name of Operator

Marbob Energy Corporation

3. Address and Telephone No.

P. O. Drawer 227, Artesia, NM 88210

505-748-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660 FNL 2615 FEL, SEC. 26-T17S-R29E UNIT B

7. If Unit or CA, Agreement Designation

BURCH KEELY UNIT

8. Well Name and No.

BURCH KEELY UNIT # 252

9. API Well No.

30-015- 284 64

10. Field and Pool, or Exploratory Area

GRBG JACKSON SR Q GRBG S

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

☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other perf & treat

☐ 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.)\*

10/18/96 Perforated and treated 3130-3716', 2769-2960', and 2300-2603'. Returned well to production.

ACCEPTED FOR RECORD

NOV 16 1996

PLM

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

Signed Chonda Nelson Title Production Clerk

Date 11/11/96

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: