

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

C/SF

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Designation and Serial No. LC-028784B
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) 660 FNL 1345 FEL, SEC. 26-T17S-R29E UNIT B		8. Well Name and No. BURCH KEELY UNIT #240
		9. API Well No. 30-015-28911
		10. Field and Pool, or Exploratory Area GRBG JACKSON SR Q GRBG SA
		11. County or Parish, State Eddy County, NM

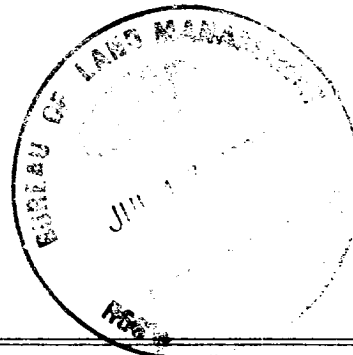
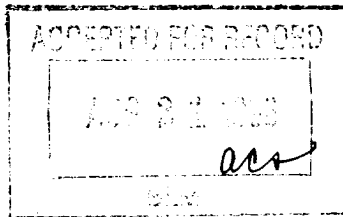
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other SPUD, CMT CSG
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)*

SPUD WELL 7:00 PM. 7/11/96. DRLD 12 1/4" HOLE TO 418', RAN 9 JTS
J-55 24# 8 5/8" CSG TO 418', CMTD W/350 SX CLASS C, PLUG DOWN @
7:15 A.M. 7/12/96, CIRC 21 SX TO SURF. WOC 12 HRS, TSTD CSG TO
600# F/20 MINUTES--HELD OK.



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

Signed *Thonda Nelson* Title PRODUCTION CLERK Date 7/15/96

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: