

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL & GAS DIVISION
8118 1ST ST.
ARTESIA, NM 88210-2934

FORM APPROVED
Budget Bureau No. 1004-013
Expires: March 31, 1993

5. Lease Designation and Serial No.
LC-028793A

6. If Indian, Allottee or Tribe Name:

7. If Unit or CA, Agreement Designation:

BURCH KEELY UNIT

8. Well Name and No.

BURCH KEELY UNIT #297

9. API Well No.

30-015-30731

10. Field and Pool, or Exploratory Area:

GRBG JACKSON SR O GRBG SA

11. County or Parish, State

EDDY, NM

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. BOX 227, ARTESIA, NM 88210 505-748-3303

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

660 FSL 1295 FEL. SEC. 18-T17S-R30E UNIT F

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 SPUD, CMT, CSG

Change of Plans

New Construction

Non-Routine Fracturing

Water Shut-Off

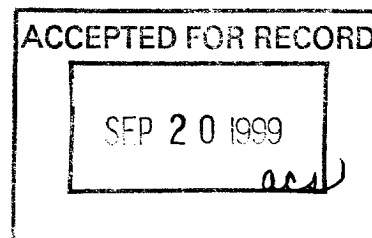
Conversion to Injection

Dispose Water

(Note: Report results of multiple completion or Well Completion or Recombination 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 @ 2:00 P.M. 9/14/99. DRLD 12 1/4" HOLE TO 437', RAN 10 JTS 8 5/8" 24# J-55 CSG TO 433', CMTD W/300 SX PREM PLUS. PLUG DOWN @ 8:30 P.M., CIRC 65 SX TO SURF. WOC 18 HRS. TOOK OPTION 2 PER TEST DATED 8/20/96.



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

Signed

Robin Cochran

(This space for Federal or State office use)

Title PRODUCTION ANALYST

Date 09/16/99

Approved by
Conditions of approval, if any

Title

Date

