

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. Oil Cons. Division
911 S. 1ST ST.
ARTESIA, NM 88210-2934

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

2. Name of Operator
Marbob Energy Corporation

3. Address and Telephone No.
P. O. Drawer 227, Artesia, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2615 FSL 1295 FEL, SEC. 19-T17S-R30E UNIT I

SEP 24 1996

OIL CON. DIV.

DIST. 2
505-748-3303

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 #97

9. API Well No.

30-015-04209

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

- ☐ Notice of Intent
- ☒ Subsequent Report
- ☐ Final Abandonment Notice

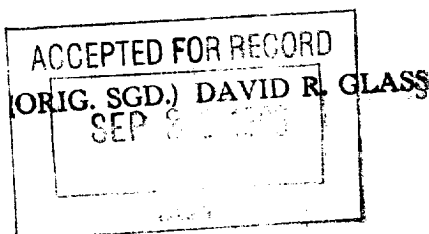
TYPE OF ACTION

- ☐ Abandonment
- ☐ Recompletion
- ☐ 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.)*

8/8/96 RU, DRILL OUT CIBP, RUN PCR-4 PKR & SALTA LINED TBG TO 2927',
CIRC PKR FLUID, PREPARE FOR INJECTION



Post ID-3
10-4-96
Prod to WFW

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

Signed Rhonda Nelson Title PRODUCTION CLERK Date 9/16/96

(This space for Federal or State office use)

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