

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

5. Lease Designation and Serial No.
LC-028784B

6. 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 WIW

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 FNL 660 FWL, SEC. 30-T17S-R30E UNIT D

7. If Unit or CA, Agreement Designation

BURCH KEELY UNIT

8. Well Name and No.
BURCH KEELY UNIT #142

9. API Well No.
30-015-04388

10. Field and Pool, or Exploratory Area
GRBG JACKSON SR Q GRBG SA

11. County or Parish, State

EDDY CO., 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.)*

1/26/00

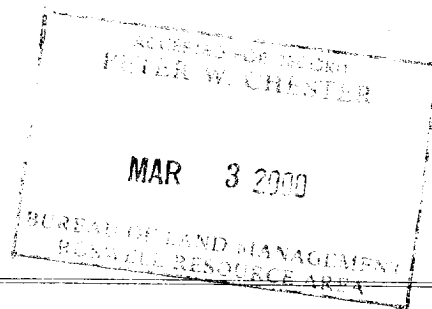
MIRU WOU, TIH W/CIBP @ 4324' TO PLUG OFF YESO FORMATION, TIH W/ 2 3/8" PC TBG TO 3064', CIRC PKR FLUID, PUT WELL ON INJECTION.

+

SEE CHART ATTACHED

APPROVAL PER OIL CONSERVATION DIVISION ADMINISTRATIVE ORDER # WFX-743

*Prod to WIW
2-1-00*



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

Signed *Robin Cochran*

Title PRODUCTION ANALYST

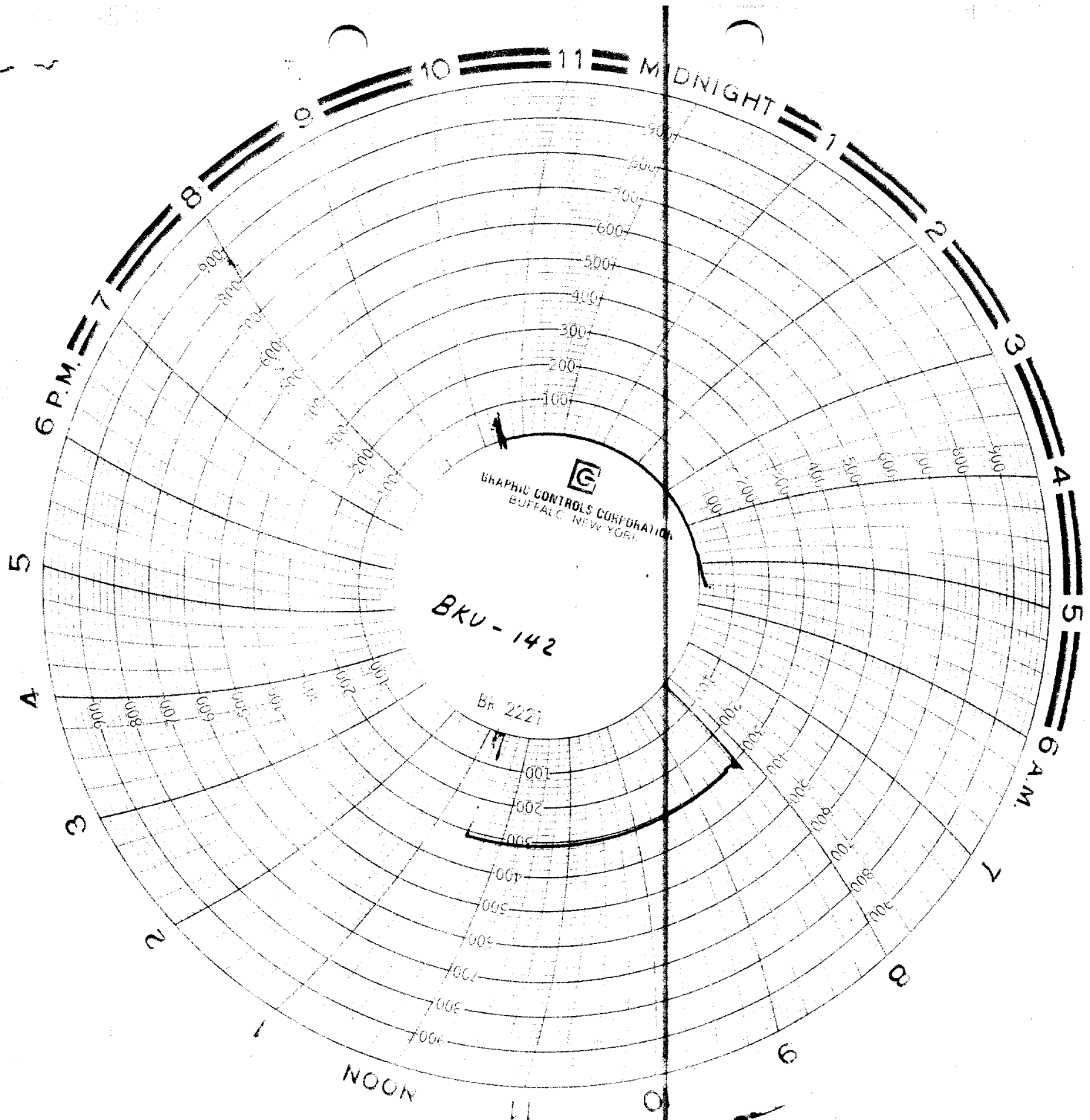
Date 02/09/00

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title

Date



RECEIVED
FEB 10 1900