

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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. BOX 227, ARTESIA, NM 88210 505-748-3303
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660 FNL 660 FEL, SEC. 18-T17S-R30E UNIT A

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

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 #9

9. API Well No.

30-015-20628

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

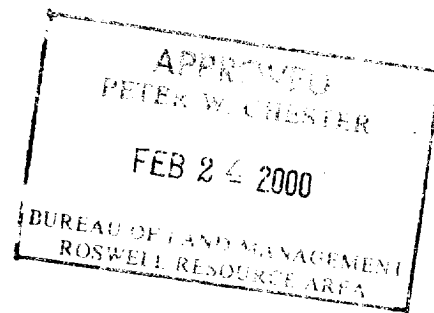
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(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.)*

1/19/00 COVERED PERFS FROM 3623' TO 2526' W/ 210 SX PP, TAGGED TOP OF PLUG @ 2280', PERF @ 550', MIX & PUMP 215 SX PP, CIRC 35 SX CMT FROM 550' TO SURF. INSTALL DRY HOLE MARKER & CLEAN LOCATION.

WITNESSED BY DON EARLY - BLM



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

Signed Robin Cockrum Title PRODUCTION ANALYST

Date 01/25/00

(This space for Federal or State office use)

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

Date _____

RECEIVED
2000 JAN 26 A 10: 01
SCHOOL OF LAND MGMT.
ROSWELL OFFICE