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NM OIL CONS. COMMISSION
UNITED STATES Drawer DD
DEPARTMENT OF THE INTERIOR, NM 88210
BUREAU OF LAND MANAGEMENT

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

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

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Keely A Federal #24

9. API Well No.
30-015-21662

10. Field and Pool, or Exploratory Area
Grbg Jackson SR Q Grbg SA

11. County or Parish, State
Eddy County, 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. Drawer 217, Artesia, NM 88210 505-748-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2535 FSL 2615 FWL, Sec. 24-T17S-R29E, Unit K

JUN 23 1993

C. R. D.

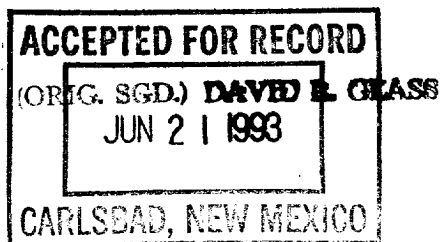
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☐ Other <u>Return to production</u>	☐ 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.)*

This well was returned to production on 6/7/93.



RECEIVED
JUN 10 10 34 AM '93
CARLSBAD, NEW MEXICO

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

Signed Thonda Nelson Title Production Clerk Date 6/9/93

(This space for Federal or State office use)

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

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