

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL & GAS COMMISSION  
Drawer  
Artesia, NM 88210

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**

**RECEIVED**

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

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

1650 FNL 330 FWL, SEC. 26-T17S-R29E, UNIT E

5. Lease Designation and Serial No.

LC-028784C

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 #172

9. API Well No.

30-015-24442

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 COVERED WORKOVER PIT

- ☐ 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.)\*

Marbob Energy covered & removed liquids from pit and fence was taken down.

*J. Lara*

RECEIVED  
JUN 21 10 16 AM '94  
CARL AREA

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

Signed

*Thonda Nelson*

Title Production Clerk

Date 6/20/94

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date