

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW OLD CONS COMMISSION
Drawer DD
Artesia, NM 88210

45F

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

OCT 14 '94

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

C. C. D.
ARTESIA, OFFICE
505-748-3303

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 GrbgSA

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	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>return well to prod.</u>	<input type="checkbox"/> 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.)*

We returned well to production.

J. Lara
12 1994



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

Signed

Title

Rhonda Nelson
Production Clerk

Date

9/13/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: