

NOV 23 1993  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <b>LC-028793C</b>
2. Name of Operator <b>Marbob Energy Corporation</b>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <b>P. O. Drawer 217, Artesia, NM 88210 505-748-3303</b>	7. If Unit or CA, Agreement Designation <b>BURCH KEELY UNIT</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>1980 FSL 2615 FEL, SEC. 23-T17S-R29E, UNIT J</b>	8. Well Name and No. <b>BURCH KEELY UNIT #216</b>
	9. API Well No. <b>30-015-27574</b>
	10. Field and Pool, or Exploratory Area <b>GRBG JACKSON SR Q GRBG SA</b>
	11. County or Parish, State <b>Eddy County, NM</b>

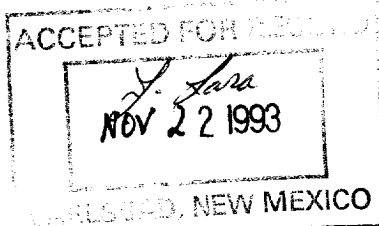
12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other <b>TD, CMT CSG</b>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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.)\*

TD 4600' 10/25/93 @ 4:00 a.m. Ran 112 jts. 5 1/2"  
O.D. 17# J-55 csg to 4582', cmted w/ 700 sx Halliburton  
Lite w/6# salt per sx & 1/4 flocele and 700 sx  
Premium Plus w/2 1/2# salt per sx & 4/10 Halad 322,  
circ 218 sx to surf, plug down @ 1:00 p.m. 10/26/93.  
WOC 18 hrs., tstd csg to 1500# f/30 minutes--held  
okay.



NOV 4 11 26 AM '93  
CARLSBAD, NEW MEXICO

RECEIVED

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

Signed

Title **Production Clerk**

Date **11/3/93**

(This space for Federal or State office use)

Approved by  
Conditions of approval, if any:

Title

Date