

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 TRIPPLICATE**

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
**Marbob Energy Corporation**

3. Address and Telephone No.  
**P. O. Drawer 227, Artesia, NM 88210**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**1650 FNL 1150 FWL, SEC. 23-T17S-R29E, UNIT E**

**JUL 11 1996**

**OIL CON. DIV.**  
**505-748-3303**

**OIL CONSERVATION DIV**  
**ARTESIA, NM 88210-2834** *C/SF*  
FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

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 #249**

9. API Well No.  
**30-015-27575**

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	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input 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 <b>SPUD, CMT CSG</b>	<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.)\*

**SPUD WELL @ 1:15 P.M. 6/20/96. DRLD 12 1/4" HOLE TO 390', RAN 9 JTS 8 5/8" CSG TO 390, CMTD W/200 SX CLASS C CMT, PLUG DOWN @ 9:15 P.M. 6/20/96, CIRC 25 SX TO SURF. TSTD CSG TO 600# F/20 MINUTES--HELD OK.**

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

Signed *Theresa Nelson* Title PRODUCTION CLERK Date 6/21/96

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: