

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW OIL CONSERVATION COMMISSION
Drawer DD
Artesia, NM 88210

C/SF

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
5. Lease Designation and Serial No
LC-208793C
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 #214
9. API Well No.
30-015-27607
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 227, Artesia, NM 88210 505-748-3303
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2615 FNL 1650 FWL SEC. 23-T17S-R29E, UNIT F

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 type="checkbox"/> Other PERPORATIONS	<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.)*

4/5/95 Perf csg from 2288-2522' and 4044-4377'. Acd and fraced perfs 2288-2522' and acd only on perfs 4044-4377'. Returned well to production.

RECEIVED
JUN 21 1995
OIL CON. DIV.
DIST. 2
10 55 AM '95
RECEIVED

14. I hereby certify that the foregoing is true and correct
Signed Thonda Nelson Title Production Clerk Date 5/11/95
(This space for Federal or State office use)

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

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

