

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

ST. GIL CONS. DISTRICT
Drawer 22
Artesia, NM 88210

45F

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

LC-028784B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

NMNM88525X

8. Well Name and No.

Burch Keely Unit #217

9. API Well No.

30-015-27680

10. Field and Pool, or Exploratory Area

Grbg Jackson SR Q Grbg SA

11. County or Parish, State

Eddy County, NM

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

505-748-3303

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

1650 FSL 330 FWL, Sec. 23-T17S-R29E, Unit L

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

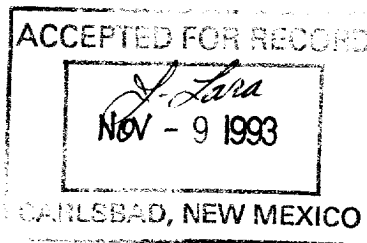
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other spud, cmt csg

- ☐ 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.)*

Spudded well @ 7:30 a.m. 10/6/93. Drld 12 1/4' hole to 410', ran 8 5/8" 24# J-55 csg to 372', cmt w/250 sx Premium Plus cmt w/2% CC, circ 25 sx to surf. Plug down @ 3:00 p.m. 10/6/93. WOC 18 hrs, tstd csg to 600# for 20 minutes--held OK.



RECEIVED
OCT 13 11 41 AM '93

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

Signed Robin Smith

Title Production Clerk

Date 10/8/93

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____