

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

25.1 Lead Designation and Serial No.  
LC-028784B

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 #272

9. API Well No.  
30-015-27783

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

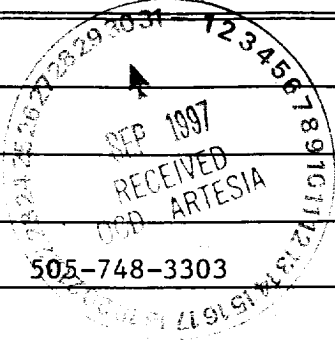
SUBMIT IN TRIPLICATE

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

2. Name of Operator  
MARBOB ENERGY CORPORATION

3. Address and Telephone No.  
P. O. BOX 227, ARTESIA, NM 88210 505-748-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
330 FNL 1370 FEL, SEC. 23-T17S-R29E UNIT B



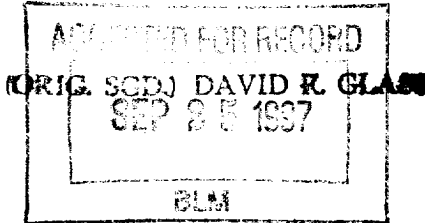
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input 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 checked="" type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other SUPD, CMT CSG	<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 @ 8:00 A.M. 9/15/97. DRLD 12 1/4" HOLE TO 405', RAN 9 JTS 8 5/8" 24# CSG TO 392', CMTD W/450 SX PREM PLUS, PLUG DOWN @ 6:30 P.M. 9/15/97, CIRC 90 SX TO SURF. WOC 18 HRS, TOOK OPTION 2 PER TEST DATED 8/20/96.



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

Signed Rhonda Nelson Title PRODUCTION CLERK Date 9/16/97

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any: \_\_\_\_\_

