

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL COMMISSION
Drawer DD
Artesia, NM 88210

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

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	JUL 15 '94	7. If Unit or CA, Agreement Designation BURCH KEELY UNIT
2. Name of Operator Marbob Energy Corporation	O. C. D. ARTESIA OFFICE	8. Well Name and No. BURCH KEELY UNIT #228
3. Address and Telephone No. P. O. Drawer 217, Artesia, NM 88210	505-748-3303	9. API Well No. 30-015-27989
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1345 FWL 450 FSL, SEC. 23-T17S-R29E, UNIT N		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 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 checked="" type="checkbox"/> Other TD, 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.)*

TD 4765' @ 1:15 A.M. 6/21/94. Ran 117 jts. 5 1/2" 17# J-55 csg to 4754', cmted 1st stage w/375 sx Prem Plus 50/50 poz w/2.5# salt per sx & .5% Halad 322, plug down @ 1:30 p.m. 6/21/94, circ 75 sx, DV tool @ 3253', cmted 2nd stage w/650 sx Halliburton Lite w/16# salt per sx & 1/4# flocele plus 300 sx Prem Plus 50/50 poz w/2.5# salt per sx & .5% Halad 322, plug down @ 9:00 p.m. 6/21/94, circ 25 sx. WOC 18 hrs., tstd csg to 1500# f/30 minutes--held okay.

RECEIVED
JUN 27 9 10 AM '94
CARLE AREA

14. I hereby certify that the foregoing is true and correct.
Signed Thonda Nelson Title Production Clerk Date 6/24/94
(This space for Federal or State office use)

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

Statement

Signature