

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

CSF

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

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 #232

9. API Well No.
30-015-27992

10. Field and Pool, or Exploratory Area
GRBG JACKSON SR Q GRBG SA

11. County or Parish, State
Eddy County, NM

SUBMIT IN TRIPLICATE

OCT 11 '94

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)
645 FSL 2615 FEL, SEC. 23-T17S-R29E, UNIT O

O. C. D.
ARTESIA, OFFICE

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 4650' @ 2:00 a.m. 9/10/94, ran 108 jts. 5 1/2"
J-55 17# csg to 4614', cmted 1st stage w/350 sx
50/50 poz w/2 1/2# salt per sx & .6% Halad 322, plug
down @ 6:00 a.m. 9/11/94, circ 100 sx, DV tool @ 3267',
cmted 2nd stage w/1100 sx Halliburton Lite w/2 1/2#
salt per sx & 1/4# flocele plus 300 sx 50/50 poz
w/2 1/2# salt per sx & .6% Halad 322, plug down @
1:30 p.m. 9/11/94, circ 210 sx. WOC 18 hrs.,
tstd csg to 1500# f/30 minutes--held okay.

4 1994
SJS

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

Signed Rehonda Nelson Title Production Clerk Date 9/13/94

(This space for Federal or State office use)

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