	n	M OIL CONS COMMISSION
Do not use this form for proposals to dri		FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993  5. Lease Designation and Serial No.  LC-028793A  6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
I. Type of Well		BURCH KEELY UNIT  8. Well Name and No.
2. Name of Operator Marbob Energy Corporation		BURCH KEELY UNIT #245  9. API Well No.
3. Address and Telephone No. P. O. Drawer 327, Artesia, NM 88210 505-748-3303 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650 FSL 1650 FWL SEC. 19-T17S-R30E, UNIT K		30-015-28156  10. Field and Pool, or Exploratory Area  GRBG JACKSON SR Q GRBG SA  11. County or Parish, State
OUTOW ADDRODULTE DOW	TO INDICATE MATURE OF MOTIOE RE	Eddy County, NM
TYPE OF SUBMISSION	s) TO INDICATE NATURE OF NOTICE, REI	
give subsurface locations and measured and true vertices $ \begin{array}{c} \text{Spud }@\\ \text{to }415\text{'}\\ \text{cmtd }w/ \end{array} $	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other SPUD, CMT CSG  I pertinent details, and give pertinent dates, including estimated date of stal depths for all markers and zones pertinent to this work.)*  10:45 a.m. 4/11/95. Drld 12 1/4" h, ran 9 jts. 8 5/8" 24# J-55 csg to 350 sx Prem. Plus w/2% Cacl 1/4# flwn @ 6:15 a.m. 4/12/95, circ 75 sx WOC 18 hrs., tstd csg to 600# f/30 ay.	RECEIVED 414', ocele, MAY 2 3 1995 to miroll CON. DIV. DIST. 2
14. I hereby certify that the foregoing is true and correct  Signed  (This space for Federal or State office use)  Approved by Conditions of approval, if any:	Title Production Clerk	Date 4/13/95