

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OIL CONSERVATION DIV  
811 S. 1st ST.  
ARTESIA, NM 88210-2834  
BUDGET APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

C/SF

**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

RECEIVED

JUL 15 1996

OIL CON. DIV  
505-748-3303

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-028793A
2. Name of Operator Marbob Energy Corporation	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Drawer 227, Artesia, NM 88210	7. If Unit or CA, Agreement Designation BURCH KEELY UNIT
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2310 FNL 1650 FWL, SEC. 19-T17S-R30E UNIT F	8. Well Name and No. BURCH KEELY UNIT #238
	9. API Well No. 30-015-28331
	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 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 SPUD, 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 @ 5:30 P.M. 6/30/96. DRLD 12 1/4" HOLE TO 410', RAN 9 JTS 8 5/8" J-55 24# CSG TO 398', CMTD W/ 350 SX PREM PLUS, PLUG DOWN @ 3:13 A.M. 7/1/96, CIRC 65 SX TO SURF. WOC 12 HRS, TSTD CSG TO 600# F/20 MINUTES--HELD OK.

JUL 11 1996  
J. Brue

14. I hereby certify that the foregoing is true and correct.	
Signed <u>Thonda Nelson</u>	Title <u>PRODUCTION CLERK</u> Date <u>7/2/96</u>
(This space for Federal or State office use)	
Approved by _____	Title _____ Date _____
Conditions of approval, if any:	