

NM OIL CONS COMMISSION  
Drawer DD  
Artesia, NM 88210  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR INFORMATION  
OF COPIES RETURNED  
(Other Instructions on  
reverse side)

30-015-28584  
BLM Roswell District  
Modified Form No.  
NMOG0-3160-2

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL  
WELL ☒

GAS  
WELL ☐

OTHER ☐

SINGLE  
ZONE ☐

MULTIPLE  
ZONE ☐

2. NAME OF OPERATOR

Marbob Energy Corporation

14049

3a. Area Code & Phone No.

505-748-3303 (525)

3. ADDRESS OF OPERATOR

P. O. Drawer 217, Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface

1760 FSL 330 FEL

At proposed prod. zone

SAME

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE

EAST OF ARTESIA ON US 82 APPROX. 23.0 MILES

15. DISTANCE FROM PROPOSED\*

LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drlg. unit line, if any)

330'

16. NO. OF ACRES IN LEASE

640

17. NO. OF ACRES ASSIGNED  
TO THIS WELL

40

18. DISTANCE FROM PROPOSED LOCATION\*  
TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.

550'

19. PROPOSED DEPTH

4800'

20. ROTARY OR CABLE TOOLS

ROTARY

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

3620' GR

22. APPROX. DATE WORK WILL START\*

AUGUST 1, 1995

PROPOSED CASING AND CEMENTING PROGRAM

| HOLE SIZE | CASING SIZE | WEIGHT/FOOT | GRADE | THREAD TYPE | SETTING DEPTH | QUANTITY OF CEMENT |
|-----------|-------------|-------------|-------|-------------|---------------|--------------------|
| 12 1/4"   | 8 5/8"      | 24#         | J-55  | LT&C        | 350'          | 300 SX CIRCULATE   |
| 7 7/8"    | 5 1/2"      | 17#         | J-55  | LT&C        | 4800'         | 1100 SX (tieback)  |

Pay zone will be selectively perforated and  
stimulated as needed for optimum production.

Attached are: 1. Location & Dedication Acreage Plat  
2. Supplemental Drilling Data  
3. Surface Use Plan

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNATURE

Rhonda Nelson

TITLE Production Clerk

DATE 5/25/95

(This space for Federal or State office use)

PERMIT NO. (CRIG 800) RICHARD L. MANUS

APPROVAL DATE

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL SUBJECT TO  
GENERAL REQUIREMENTS AND  
SPECIAL STIPULATIONS  
ATTACHED

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
Marbob Energy Corporation

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1760 FSL 330 FEL, SEC. 24-T17S-R29E, UNIT I

5. Lease Designation and Serial No.

LC-028784A

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 #800

9. API Well No.

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

- ☐ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other CHANGE NAME

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ 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.)\*

CHANGE NAME FROM: KEELY A FEDERAL #37

TO: BURCH KEELY UNIT #800

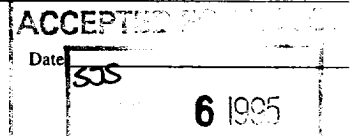
14. I hereby certify that the foregoing is true and correct

Signed Rhonda Nelson Title PRODUCTION CLERK

Date 6/6/95

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_  
Conditions of approval, if any:



Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV  
PO BOX 2088, SANTA FE, NM 87504-2088

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

|                            |  |  |
|----------------------------|--|--|
| API Number<br>30-015-28584 | Pool Code<br>28509   | Pool Name<br>GRBG JACKSON SR Q GRBG SA |
| Property Code              | Property Name<br><del>KEELY A FEDERAL</del> Burch Keely Unit | Well Number<br><del>77</del> 800       |
| OGRID No.<br>014049        | Operator Name<br>MARBOB ENERGY CORPORATION                   | Elevation<br>3620                      |

### Surface Location

|               |         |          |       |         |               |                  |               |                |        |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
| 1             | 24      | 17 S     | 29 E  |         | 1760          | SOUTH            | 330           | EAST           | EDDY   |

## Bottom Hole Location If Different From Surface

|                       |                 |                    |       |           |               |                  |               |                |        |
|-----------------------|-----------------|--------------------|-------|-----------|---------------|------------------|---------------|----------------|--------|
| UL or lot No.         | Section         | Township           | Range | Lot Idn   | Feet from the | North/South line | Feet from the | East/West line | County |
| Dedicated Acres<br>40 | Joint or Infill | Consolidation Code |       | Order No. |               |                  |               |                |        |

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

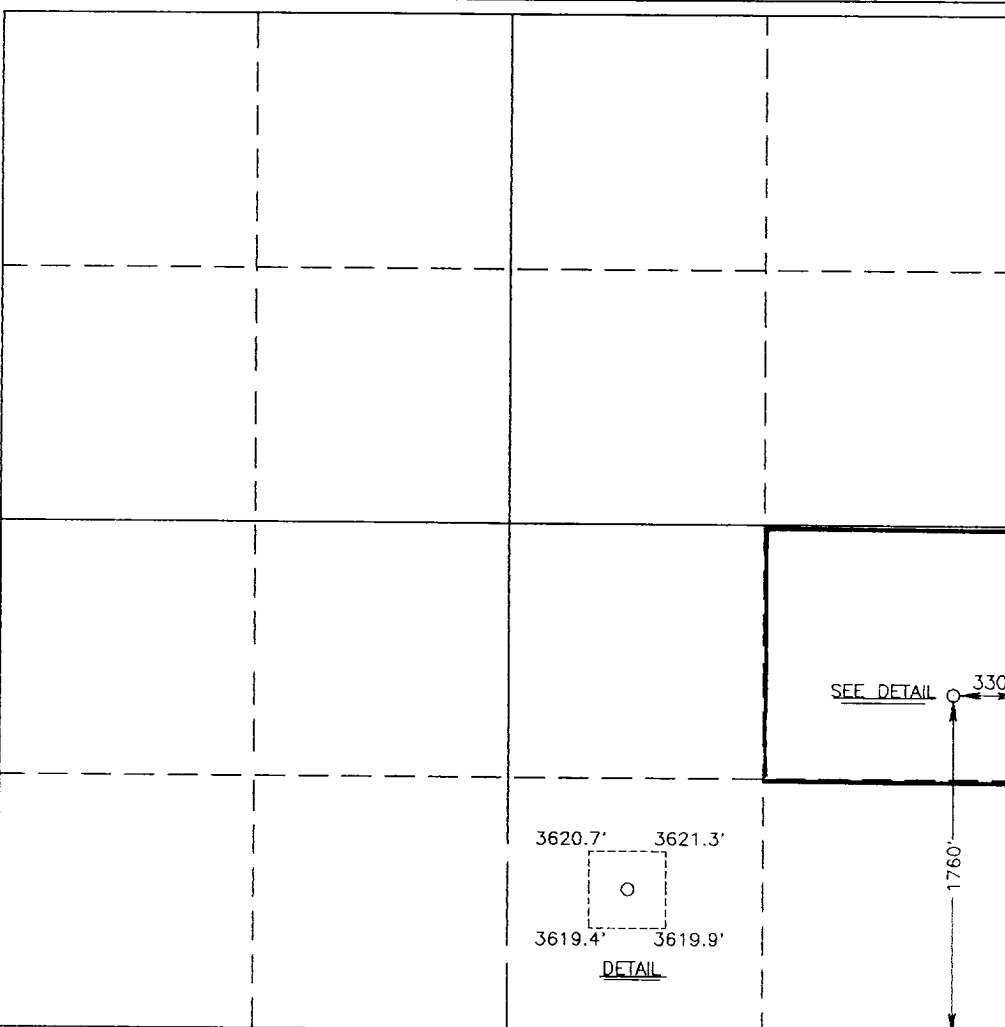
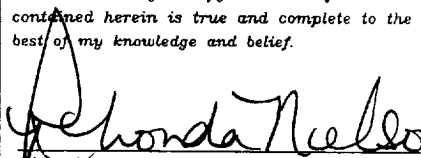
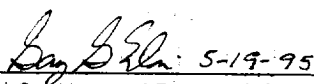
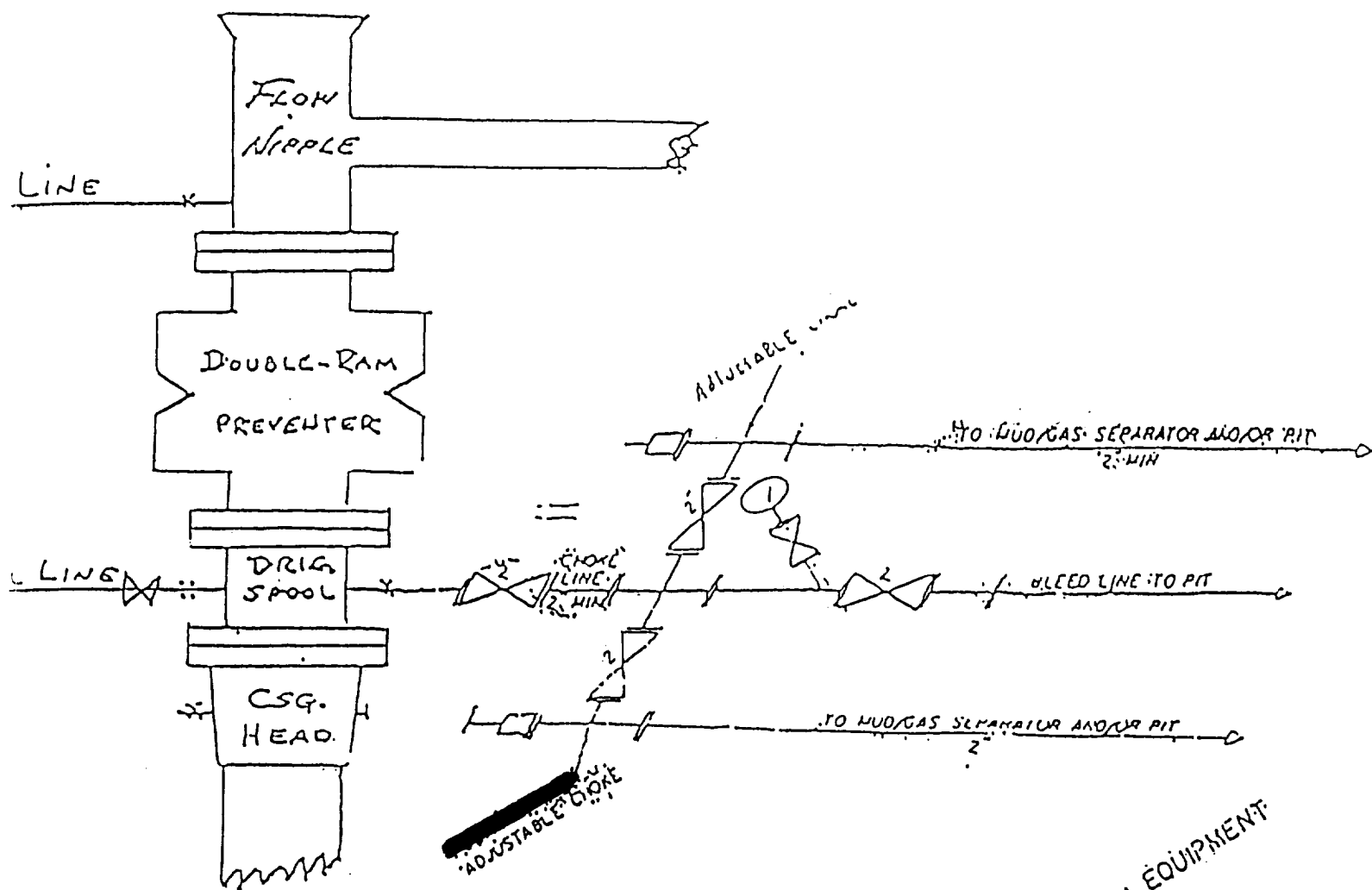
|   |  |  |
|---|--|--|
|    | <b>OPERATOR CERTIFICATION</b>  |  |
|   | I hereby certify the the information contained herein is true and complete to the best of my knowledge and belief. |  |
|   | <br>Signature                 |  |
|   | RHONDA NELSON<br>Printed Name  |  |
| PRODUCTION CLERK<br>Title   |  |  |
| 5/25/95<br>Date   |  |  |
| <b>SURVEYOR CERTIFICATION</b>   |  |  |
| I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. |  |  |
| MAY 17, 1995  |  |  |
| Date Surveyed   |  |  |
| Signature & Seal of Professional Surveyor   |  |  |
|  5-19-95   |  |  |
| W.O. Num. 95-11-0738  |  |  |
| Certificate No. JOHN W. WEST 676<br>RONALD J. EIDSON 3239<br>GARY EIDSON 12641  |  |  |

EXHIBIT #1

# B U P & CHOKE MANIFOLD

10"/900 Cameron SS Space Saver  
3000# Working Pressure  
3000# Working Pressure Choke Manifold



214 CHOKE MANIFOLD EQUIPMENT