

RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
FORM APPROVED
Bureau No. 1004-0135
Expires: March 31, 1993
Artesia, NM 88210
CLSF

NOV 2 11 27 AM '95
SUNDY 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)

25 FNL 1980 FEL, SEC. 26-T17S-R29E, UNIT B

5. Lease Designation and Serial No.

LC-028784B

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 #253

9. API Well No.

30-015-28586

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 SPUD, CMT CSG

- ☐ 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, and if directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

SPUD @ 7:30 A.M. 10/30/95, DRLD 12 1/4" HOLE TO 435', RAN 10 JTS
8 5/8" 24# CSG TO 435', CMTD W/ 450 SX CLASS C, PLUG DOWN @ 3:45 P.M.
10/30/95, CIRC 58 SX TO SURF. WOC 12 HRS, TSTD CSG TO 600# F/30
MINUTES--HELD OK.

RECEIVED

OIL CON. DIV.
DIST. 2

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

Signed

Title PRODUCTION CLERK

Date 10/31/95

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: