

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N.M. Oil Cons. Division
811 S 1st Street

SUNDRY NOTICES AND REPORTS ON WELLS 8210-2834

Do not use this form for proposals to drill or to deepen or reenter to a different formation.
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-028784B

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

NOV 13 1996

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)

660 FNL 25 FWL, SEC. 25-T17S-R29E UNIT D

7. If Unit or CA, Agreement Designation

BURCH KEELY UNIT

8. Well Name and No.

BURCH KEELY UNIT #260

9. API Well No.

30-015-28912

10. Field and Pool, or Exploratory Area

GRBG JACKSON SR Q GRBG S.

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. 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 @ 6:30 P.M. 10/31/96. DRLD 12 1/4" HOLE TO 421', RAN 10 JTS 8 5/8" J-55 CSG TO 409', CMTD W/350 SX PREM PLUS, PLUG DOWN @ 2:45 A.M. 11/1/96, CIRC 96 SX TO SURF. WOC 6 HRS, TOOK OPTION 2 PER TEST DATED 8/20/96.

ACCEPTED FOR RECORD

NOV 12 1996

BLM

RECEIVED
NOV 5 9 48 AM '96
SUN. OFFICE HOURS
POSTED IN OFFICE

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

Signature Rhonda Nelson Title RHONDA NELSON

Date 11/4/96

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____