

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1295 FNL 1980 FEL, SEC. 23-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.

258

9. API Well No.

30-015-28914

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

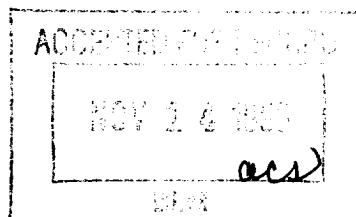
TYPE OF ACTION

- ☐ 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. 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 @ 7:00 A.M. 10/8/96. DRLD 12 1/4" HOLE TO 429', RAN 10 JTS 8 5/8" J-55 24# CSG TO 417', CMTD W/350 SX PREMIUM PLUS, PLUG DOWN @ 7:15 P.M. 10/8/96, CIRC 65 SX TO SURF. WOC 12 HRS, TOOK OPTION 2 PER TEST DATED 8/20/96. TSTD CSG TO 600# FOR 20 MINUTES--HELD OK.



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

Signed Rhonda Nelson Title PRODUCTION CLERK Date 10/10/96

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

