| | | CIT CIT Stil Cons. Division 1st Street NM 88210 200 Expires: March 31, 1993 |
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| BUR | EAU OF LAND MANAGEMENT | NM 88210-2834 5. Lease Designation and Serial No. |
| | OTICES AND REPORTS ON WELLS | LC-028784B 6. If Indian, Allottee or Tribe Name |
| Do not use this form for propo Use "APPLIC | sals to drill or to deepen or reentry to a dif ATION FOR PERMIT—" for such proposals | iferent reservoir. |
| SUBMIT IN TRIPLICATE | | 7. If Unit or CA, Agreement Designation |
| 1. Type of Well Oil Gas Well Other | | BURCH KEELY UNIT 8. Well Name and No. |
| 2. Name of Operator | | BURCH KEELY UNIT #258 |
| Marbob Energy Corporat | ion | 9. API Well No. |
| 3. Address and Telephone No. | NOV 1 8 1 | 30-015-28914 |
| P. O. Drawer 227, Arte | , | 8-3303 10. Field and Pool, or Exploratory Area |
| 4. Location of Well (Footage, Sec., T., R., M | | 11. County or Parish, State |
| 1295 FNL 1980 FEL, SE | C. 23-T17S-R29E UNIT B | Eddy County, NM |
| 12. CHECK APPROPRIA | TE BOX(s) TO INDICATE NATURE OF I | NOTICE, REPORT, OR OTHER DATA |
| TYPE OF SUBMISSION | | TYPE OF ACTION |
| Notice of Intent | | Change of Plans |
| | | New Construction |
| Subsequent Report | | Non-Routine Fracturing |
| Final Abandonment Notice | Casing Repair | Water Shut-Off |
| | XX Other TD, CM | (Note: Report results of multiple completion on Well |
| 13. Describe Proposed or Completed Operations | (Clearly state all pertinent details, and give pertinent dates, includin and true vertical depths for all markers and zones pertinent to th | Completion or Recompletion Report and Log form.) g estimated date of starting any proposed work. If well is directionally drilled, |
| J-55 17# 5 1/2" @ 3:00 P.M. 10/1 LITE AND 275 SX | A.M. 10/18/96. DRLD 7 7/8" HOLE CSG TO 4555', CMTD 1ST STAGE W/30 9/96, CIRC 48 SX TO SURF, CMTD 21 PREM PLUS, PLUG DOWN @10:15 P.M. URS, TSTD CSG TO 600# FOR 20 MINI | 00 SX 50/50 POZ, PLUG DOWN ND STAGE W/1000 SX HALL 10/19/96, CIRC 180 SX TO |
| 14. I hereby certify that the foregoing is rule an Signed Monda ((This space for Federal or State office use) Approved by Conditions of approval, if any: | id correct Title Title | |
| | for any person knowingly and willfully to make to any departmen isdiction. | t or agency of the United States any false, fictitious or fraudulent statements |

*See Instruction on Reverse Side
