

30-015-29020

MM Roswell District
Modified Form No.
10060-3160-2

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 ☐

2. NAME OF OPERATOR
Marbob Energy Corporation 14049

3. ADDRESS OF OPERATOR
P.O. BOX 227, ARTESIA, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
At surface 1295 FSL 330 FWL
At proposed prod. zone SAME

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE
EAST OF ARTESIA ON US 82 APPROX 21.6 MILES

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.
1221'

19. PROPOSED DEPTH
4800'

20. ROTARY OR CABLE TOOLS
ROTARY

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3614 GR

22. APPROX. DATE WORK WILL START*
JULY 1, 1996

PROPOSED CASING AND CEMENTING PROGRAM

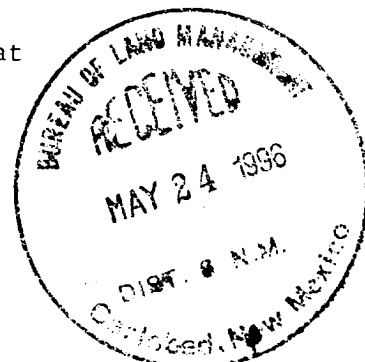
HOLE SIZE	CASING SIZE	WEIGHT/FOOT	GRADE	THREAD TYPE	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4"	8 5/8"	24#	J-55	LT&C	350'	300 SX
7 7/8"	5 1/2"	17#	J-55	LT&C	4800'	1100 SX

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

Location Subject to
Like Approval
by State

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS
ATTACHED



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. SIGNED Rhonda Nelson TITLE Production Clerk DATE 5/22/96

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____
(ORIG. SGD.) RICHARD L. MANUS
APPROVED BY _____ TITLE _____ DATE JUN 25 1996
CONDITIONS OF APPROVAL, IF ANY: _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

JUL - 3 1996

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELL CON. DIV.

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

5. Lease Designation and Serial No.
LC-028784A

6. If Indian, Allottee or Tribe Name

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)
1295 FSL 330 FWL, SEC. 13-T17S-R29E UNIT M

7. If Unit or CA, Agreement Designation

BURCH KEELY UNIT

8. Well Name and No.

BURCH KEELY UNIT #255

9. API Well No.

30-015-

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 WELL 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 WELL NAME FROM: BURCH KEELY UNIT #826

TO: BURCH KEELY UNIT #255

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

Signed Rhonda Nelson Title PRODUCTION CLERK

Date 7/2/96

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____ Date _____

DISTRICT I

P.O. Box 1980, Hobbs, NM 88341-1980

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-102

Revised February 10, 1994

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

DISTRICT II

P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT IV

P.O. Box 2086, Santa Fe, NM 87504-2086

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-29020		Pool Code 28509	Pool Name GRBG JACKSON SR Q GRBG SA
Property Code 6497	Property Name BURCH KEELY UNIT		Well Number 826 255
OGRID No. 014049	Operator Name MARBOB ENERGY CORPORATION		Elevation 3614

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	13	17 S	29 E		1295	SOUTH	330	WEST	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	Joint or Infill	Consolidation Code	Order No.
40			

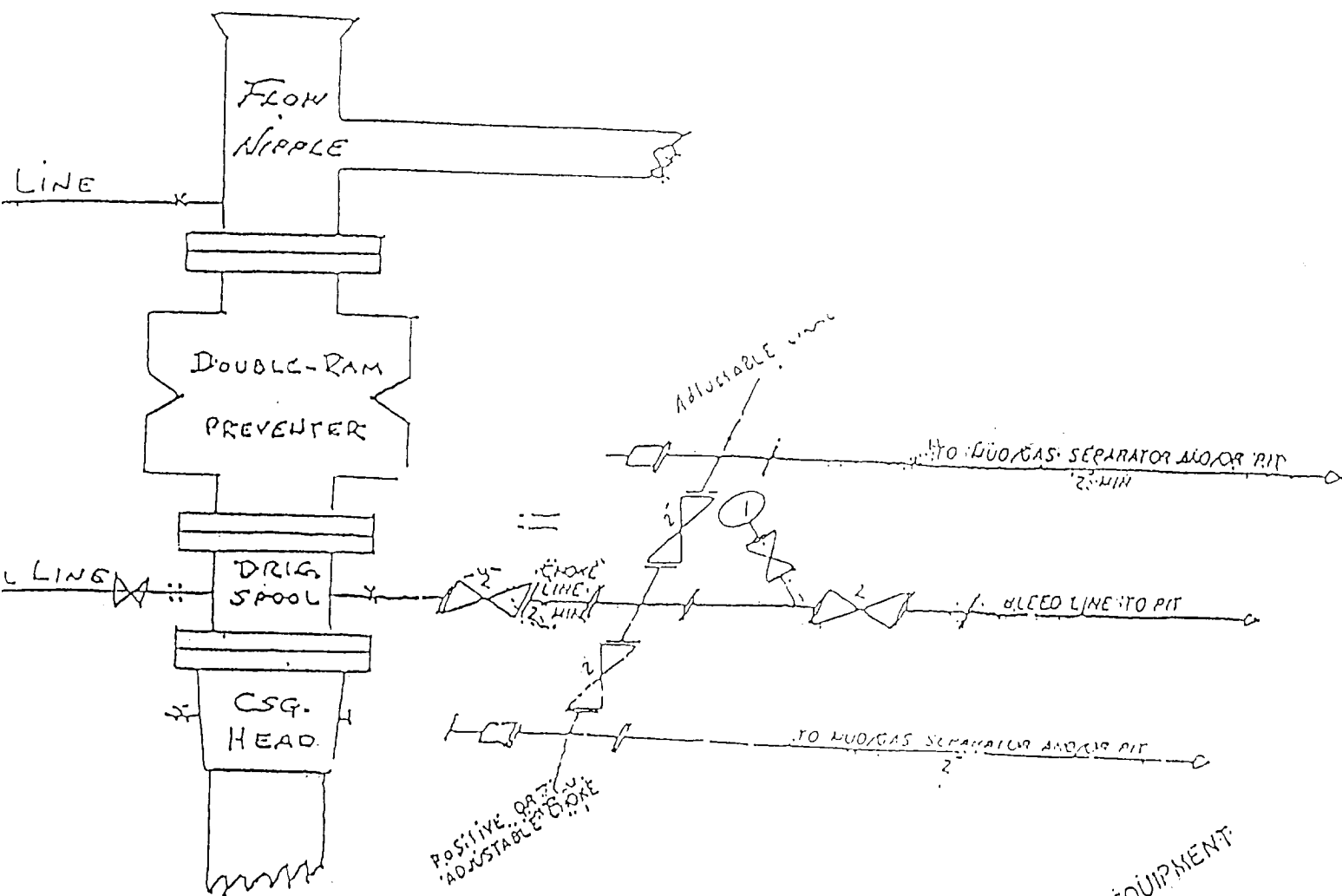
NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. Signature: <u><i>Rhonda Nelson</i></u> Printed Name: <u>RHONDA NELSON</u> Title: <u>PRODUCTION CLERK</u> Date: <u>5/22/96</u>	
	SURVEYOR CERTIFICATION 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. Date Surveyed: <u>MAY 14, 1996</u> Signature & Seal of Professional Surveyor: <u><i>Ronald J. Eidson</i></u> W.O. Num. <u>96-11-0574</u> Certificate No.: <u>JOHN W. WEST, 676</u> <u>RONALD J. EIDSON, 3239</u> <u>GARY G. EIDSON, 12641</u>	

EXHIBIT #1

B U P & CHOKE MANIFOLD

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



Burch Keely Unit #826
1295' FNL and 330' FWL
Section 13-T17S-R29E
Eddy County, New Mexico

Exhibit #1

2 1/2\"/>