

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-028793A
2. Name of Operator MARBOB ENERGY CORPORATION	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. BOX 227, ARTESIA, NM 88210 505-748-3303	7. If Unit or CA, Agreement Designation BURCH KEELY UNIT
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1675 FSL 330 FEL SEC. 19-T17S-R30E UNIT I	8. Well Name and No. BURCH KEELY UNIT #270
	9. API Well No. 30-015-29529
	10. Field and Pool, or Exploratory Area GRBG JACKSON SR Q GRBG SA
	11. County or Parish, State EDDY, NM

12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other TD, CMT CSG
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)*

TD @ 1:15 A.M. 6/29/97. DRLD 7 7/8" HOLE TO 4850', RAN 118 JTS 5 1/2" J-55 17# CSG TO 4805', CMTD 1ST STAGE W/300 SX 50/50 POZ, PLUG DOWN @ 7:30 A.M. 6/30/97, CIRC 80 SX TO SURF, CMTD 2ND STAGE W/725 SX HALL LITE & 285 SX 50/50 POZ, PLUG DOWN @ 3:00 P.M. 6/30/97, CIRC 150 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK. DV TOOL @ 3356'.

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

Signed Robin Smith

Title PRODUCTION CLERK

Date 7/1/97

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: