

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE

Other instructions on reverse side)

FOR APPROVED
OMB NO. 1004-0137
Expires: December 31, 1991

c/sf

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ N.M. Oil Cons. Division

2. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. REMV. ☐ 811 S. 1st St. Artesia, NM 88210

3. NAME OF OPERATOR

MARBOB ENERGY CORPORATION

4. ADDRESS AND TELEPHONE NO.

P.O. BOX 227, ARTESIA, NM 88210

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface

1980 FNL 1295 FWL

At top prod. interval reported below

SAME

At total depth

SAME

14. PERMIT NO.

DATE ISSUED

6. LEASE DESIGNATION AND SERIAL NO.

LC-028784C

7. IF INDIAN, ALLOTTEE OR TRIBE NAME

8. UNIT AGREEMENT NAME

BURCH KEELY UNIT

9. FARM OR LEASE NAME, WELL NO.

BURCH KEELY UNIT #292

10. API WELL NO.

30-015-29955

11. FIELD AND POOL, OR WILDCAT

GRBG JACKSON SR Q GRBG SA

12. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

SEC. 26-T17S-R29E

13. COUNTY OR PARISH

EDDY

14. STATE

NM

15. DATE SPUDDED

4/10/99

16. DATE T.D. REACHED

4/19/99

17. DATE COMPL. (Ready to prod.)

4/29/99

18. ELEVATIONS (DF, RKB, ST, GR, ETC.)

3572' GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

4700'

21. PLUG, BACK T.D., MD & TVD

4683'

22. IF MULTIPLE COMPL., HOW MANY

23. INTERVALS DRILLED BY

ROTARY TOOLS

0-4700'

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)

4138-4520' SAN ANDRES

25. WAS DIRECTIONAL SURVEY MADE

NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

LML, SDSN

27. WAS WELL CORRED

NO

CASING RECORD (Report all strings set in well)

CASING SIZE/GRADE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	410'	12 1/4"	400 SX	READY MIX TO SUR
5 1/2"	17#	4683'	7 7/8"	1175 SX	CIRC 195 SX

LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	4086'	

31. PERFORATION RECORD (Interval, size and number)

4138-4520' 22 SHOTS

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4138-4520'	ACD W/2000 GALS 15% NEFE ACID

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
5/1/99		PUMPING					PROD	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO	
5/2/99	24		→	38	47	809		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
		→		ACCEPTED FOR RECORD				

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

SOLD

35. LIST OF ATTACHMENTS

LOGS, DEVIATION SURVEY

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Robin Cockburn

TITLE

PRODUCTION ANALYST

DATE 5/3/99

*(See Instructions and Spaces for Additional Data on Reverse Side)

WINTERBORN
WTE
58 7
05/12/2021

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division
811 S. 1st St.
Artesia, NM 87003

FORM APPROVED
OMB No. 1004-0135
Expires July 31, 1996

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other Instructions on reverse side

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. LC-028784C
2. Name of Operator MARBOB ENERGY CORPORATION		6. If Indian, Allottee or Tribe Name
3a. Address P.O. BOX 227, ARTESIA, NM 88210	3b. Phone No. (include area code) 505-748-3303	7. If Unit or CA/Agreement, Name and/or No. BURCH KEELY UNIT
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980 FNL 1295 FWL, SEC. 26-T17S-R29E UNIT E		8. Well Name and No. BURCH KEELY UNIT #292
		9. API Well No. 30-015-29955
		10. Field and Pool, or Exploratory Area GRBG JACKSON SR Q GRBG SA
		11. County or Parish, State EDDY CO., NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>CHANGE WELL</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	NAME _____
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

CHANGE NAME OF WELL FROM: BURCH KEELY UNIT #857
TO: BURCH KEELY UNIT #292

Post ID-3
4-23-99
rly well #

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)
ROBIN COCKRUM

Title
PRODUCTION ANALYST

Signature

Robin Cockrum

Date
3/26/99

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

(ORIG. SGD.) ALEXIS C. SWOBODA

PETROLEUM ENGINEER

Date APR 01 1999

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office