

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

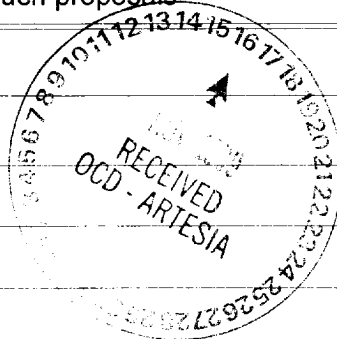
FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
5. Lease Designation and Serial No.
LC-028793C

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. BOX 227, ARTESIA, NM 88210 505-748-3303
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
330 FNL 1650 FEL, SEC. 30-T17S-R30E UNIT B



6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
BURCH KEELY UNIT
8. Well Name and No.
BURCH KEELY UNIT #301
9. API Well No.
30-015-30696
10. Field and Pool, or Exploratory Area
GRBG JACKSON SR Q GRBG SA
11. County or Parish, State
EDDU CO., 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

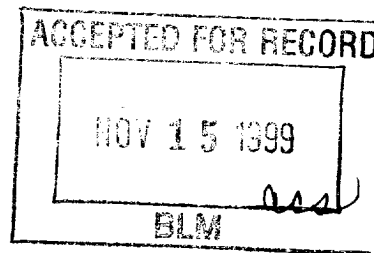
TYPE OF ACTION

- ☐ 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 @ 7:30 A.M. 7/9/99. DRLD 12 1/4" HOLE TO 428', RAN 10 JTS 8 5/8" J-55 24# CSG TO 421', CMTD W/350 SX PREM PLUS, PLUG DOWN @ 2:30 P.M., READY MIX W/8 YDS. WOC 18 HRS, TOOK OPTION 2 PER TEST DATED 8/20/96.



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

Signed Robin Cockrum

Title PRODUCTION ANALYST

Date 11/10/99

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____