

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division
811 S. 1st Street
Artesia, NM 88210-2834

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

C/SF

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

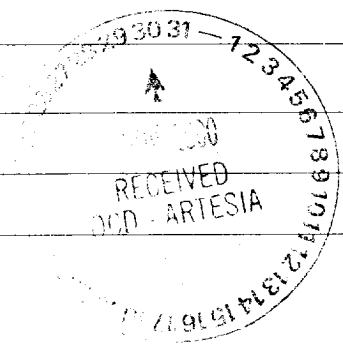
SUBMIT IN TRIPLICATE

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)
924 FNL 990 FEL, SEC. 30-T17S-R30E UNIT A



5. Lease Designation and Serial No.
LC-028793C

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 #308

9. API Well No.
30-015-31241

10. Field and Pool, or Exploratory Area
GRBG JACKSON SR Q GRBG SA

11. County or Parish, State
EDDY CO., NM

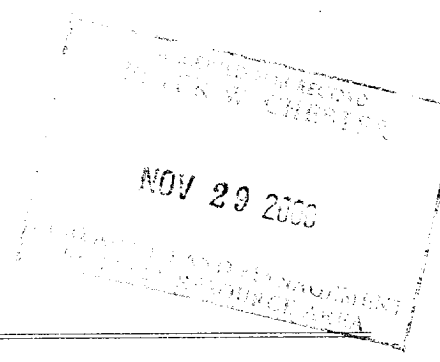
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" 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 WELL @ 6:30 A.M. 11/18/00. DRLD 7 7/8" HOLE TO 5022', RAN 114 JTS 5 1/2" 17# J-55 CSG TO 5022', CMTD 1ST STAGE W/ 400 SX MOD SUPER H, PLUG DOWN @ 2:00 P.M., CIRC 100 SX TO SURF, CMTD 2ND STAGE W/ 1400 SX HALL LITE & 200 SX MOD SUPER H, PLUG DOWN @ 9:45 P.M., CIRC 168 SX TO SURF. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MINUTES - HELD OK. DV TOOL @ 3150'.



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

Signed Robin Cockburn Title PRODUCTION ANALYST

Date 11/20/00

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side