

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

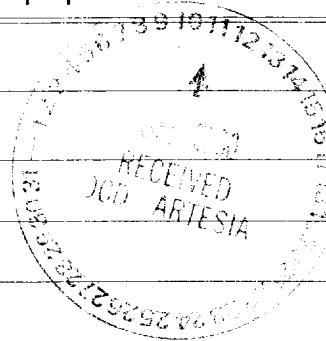
SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
MARBOB ENERGY CORPOPRATION ✓

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)
918 FNL 2310 FEL, SEC. 30-T17S-R30E UNIT B



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 #309

9. API Well No.
30-015-31242

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

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

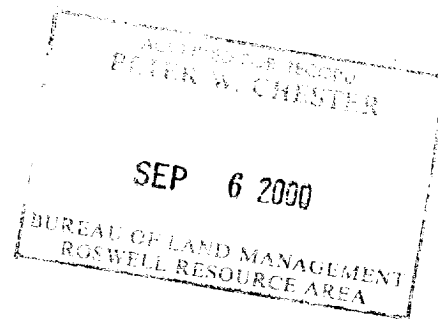
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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

SPUD WELL @ 6:45 P.M. 8/30/00. DRLD 12 1/4" HOLE TO 415', RAN 9 JTS 8 5/8" J-55 24# CSG TO 390', CMTD W/300 SX PREM PLUS, PLUG DOWN @ 7:15 A.M. 8/31/00, CIRC 94 SX TO SURF. 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 Cochran* Title **PRODUCTION ANALYST** Date **09/01/00**
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

RECEIVED

SEP 05 2009

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