

UNITED STATES N.M. Oil Cons. Division
DEPARTMENT OF THE INTERIOR 811 S. 1st Street
BUREAU OF LAND MANAGEMENT Artesia, NM 88210-2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
Lease Designation and Serial No.
LC-028784B

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)

2615 FNL 1980 FEL, SEC. 26-T17S-R29E UNIT G

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 #307

9. API Well No.

30-015-31246

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

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

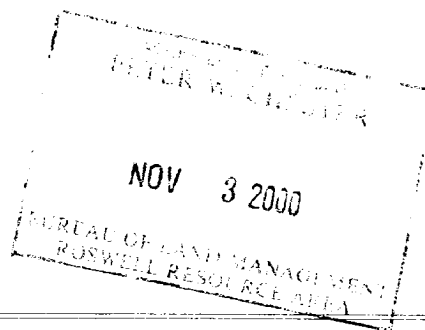
TYPE OF ACTION

- ☐ 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 @ 12:00 A.M. 10/23/00. DRILL 12 1/4" HOLE TO 420', RAN 10 JTS 8 5/8" 24# J-55 CSG TO 415', CMTD W/ 300 SX PREM PLUS, PLUG DOWN @ 2:00 P.M., CIRC 80 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

10/30/00

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

RECEIVED

OCT 31 '00

BLM
ROSWELL, NM 1