

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons.
N.M. DIV-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

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

5. Lease Designation and Serial No.
LC-028784A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

BURCH KEELY UNIT #314

9. API Well No.

30-015-31526

10. Field and Pool, or Exploratory Area

GRBG JACKSON SR Q GRBG SA

11. County or Parish, State

EDDY CO., NM

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.

PO BOX 227, ARTESIA, NM 88210 505-748-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2615 FSL 660 FWL, SEC. 24-T17S-R29E, UNIT L

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

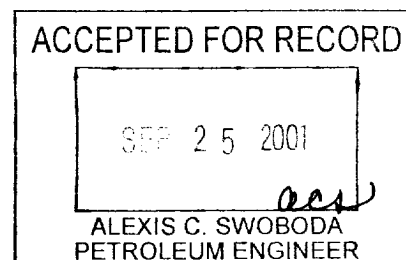
Conversion to Injection

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 @ 7:00 PM 9/20/01, DRILL 12 1/4" HOLE TO 405', RAN 9 JTS (400') 8 5/8" 24# J55 CSG TO 405', CMTD W/ 300 SX P+, PLUG DOWN @ 6:45 AM 9/21/01, DID NOT CIRC. WOC 18 HRS, TSTD CASING TO 600# FOR 20 MIN - HELD OK.



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

Signed *[Signature]*
(This space for Federal or State office use)

Title PRODUCTION ANALYST

Date 09/22/01

Approved by
Conditions of approval, if any:

Title

Date

RECEIVED
201 SEP 24 AM 9:52
BUTLER COUNTY
HOSPITAL OFFICE