

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

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



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

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 TD, CMT CSG

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

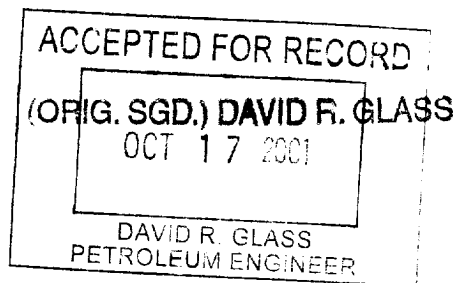
☐ Conversion to Injection

☐ 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.)*

TD WELL @ 3:00 PM ON 9/30/01, DRLD 7 7/8" HOLE TO 4671', RAN 111 JTS (4670') 5 1/2" 17# J55 CSG TO 4671', CMTD W/ 1000 SX P+ ZONE SEAL, TIE IN W/ 50 SX P+ NEAT, PLUG DOWN @ 9:00 PM ON 10/1/01, CIRC 30 SX TO PIT, 50 SX P+ CACL BACKSIDE.



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

Signed *David F. Glass*
(This space for Federal or State office use)

Title PRODUCTION ANALYST

Date 10/02/01

Approved by
Conditions of approval, if any:

Title

Date

RECEIVED

OCT 3 1961

OLM
FOSWELL, W