

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

C15K

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

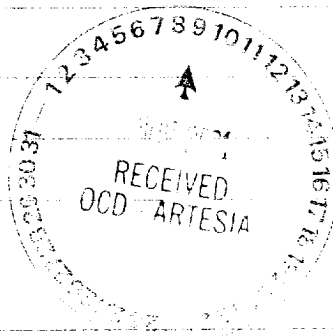
MARBOB ENERGY CORPORATION

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)

25 FNL 660 FWL, SEC. 24-T17S-R29E, UNIT d



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 #317

9. API Well No.

30-015-32005

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

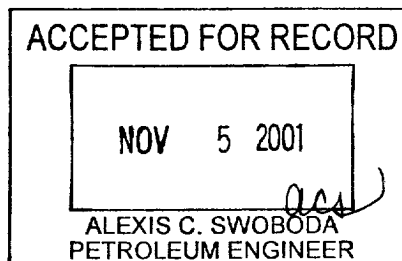
Conversion to Injection

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 AM ON 10/27/01, DRLD 7 7/8" HOLE TO 446', RAN 9 JTS (403') 8 5/8" 24# J55 CSG TO 404', CMTD W/ 350 SX P+, PLUG DOWN @ 11:00 AM ON 10/27/01, CIRC 168 SX TO PIT. WOC 18 HRS, TSTD CSG TO 600# FOR 20 MIN - HELD OK.



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

Signed

Title PRODUCTION ANALYST

Date 10/29/01

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

RECEIVED

OCT 30 '01

RECEIVED
OCT 30 '01