

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 Order No. 1004-0135
Expires: March 31, 1993
Lease Designation and Serial No.
LC-028793C

CISF

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)
1295 FNL 1980 FWL, SEC. 23-17S-R29E UNIT C

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 #319
9. API Well No.
30-015-32092
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

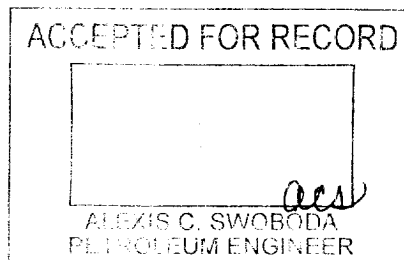
☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other SPUD, CMT CSG

☐ 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 @ 8:00 PM ON 11/19/01, DRLD 12 1/4" HOLE TO 430', RAN 10 JTS (411') 8 5/8" 24# J55 CSG TO 423', CMTD W/ 350 SX P+, PLUG DOWN @ 9:00 AM ON 11/20/01, CIRC 125 SX TO PIT. WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MIN - HELD OK.



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

Signed *Deana J. Cannon*
(This space for Federal or State office use)

Title PRODUCTION ANALYST

Date 11/20/01

Approved by
Conditions of approval, if any:

Title

Date

THE
LIBRARY OF THE
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