NM OIL CONS COMM ION Drawer DD

Artesia, NM 88210

UNITED STATES DEPARTMENT OF THE INTERIOR

Form 3160-5

FORM APPROVED Budget Bureau No. 1004-0135

(June 1990)	DEPARTMENT OF T	HE INTERIGR	Budget Bureau No. 1004~0135 Expires: March 31, 1993
	BUREAU OF LAND M	1ANAGEMENT	5. Lease Designation and Serial No.
			LC-028784B
D	SUNDRY NOTICES AND R		6. If Indian, Allottee or Tribe Name
	use this form for proposals to drill or to Use "APPLICATION FOR PERM	IT—" for such proportine EIVED	
	SUBMIT IN TRI	PLICATE	7. If Unit or CA, Agreement Designation
1. Type of		JUL 15.'94	BURCH KEELY UNIT
X Oil Wel	ll Gas Other		8. Well Name and No.
2. Name of	•	O. C. D.	BURCH KEELY UNIT #228
	ob Energy Corporation	ARTESIA, OFFICE	9. API Well No.
	and Telephone No.	0 505-748-3303	30-015-27989
	Drawer 217, Artesia, NM 8821 of Well (Footage, Sec., T., R., M., or Survey Description)	0 303-746-3303	10. Field and Pool, or Exploratory Area
1. Location	of well (toolage, see., 1., K., W., or Survey Description)		GRBG JACKSON SR Q GRBG SA 11. County or Parish, State
45	0 FSL 1345 FWL, SEC. 23-T17S-R2	9E, UNIT N	
12.	CHECK APPROPRIATE BOX(s) TO II	NDICATE NATURE OF NOTICE, REPOF	Eddy County, NM
	TYPE OF SUBMISSION	TYPE OF ACTION	THE DATA
	Notice of Intent	Abandonment	Change of Plans
	rottee of intent	Recompletion	Change of Plans New Construction
	X Subsequent Report	Plugging Back	Non-Routine Fracturing
	_	Casing Repair	Water Shut-Off
	Final Abandonment Notice	Altering Casing	Conversion to Injection
		X Other SPUD, CMT CSG	Dispose Water
			(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
13. Describe	e Proposed or Completed Operations (Clearly state all pertinent d e subsurface locations and measured and true vertical depths fo	letails, and give pertinent dates, including estimated date of starting or all markers and zones pertinent to this work.)*	any proposed work. If well is directionally drilled,
0			
•	Spud @ 7:30 p.m	. 6/10/94. Drld 12 1/4" hole to	
	435', ran 10 jt	s. 8 5/8" 24# J-55 csg to 429',	
		P with $1/4\#$ flocele & 2% Cacl,	>c <u>~</u>
		0 a.m. $6/11/94$, circ 30 sx. WOC sg to $1000 \# f/30$ minutesheld	RA E
	okay.	ag to 1000% 1/30 minutes—held	2 2 2v
	5 - LL, 1		
			e m
			13 AM
		Lara	3 6
			20 C
		# 1 # 1	William Services
	\wedge		
14. I hereby	y certify that the foregoing is true and correct		
Signed	Chorda Melson	/ _{Title} Production Clerk	Date 6/20/94
(This s	pace for Federal or State office use)		
Approv	red by	Title	Date
Conditi	ions of approval, if any:		