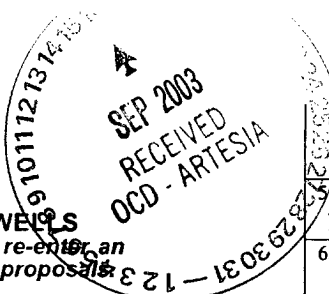


UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0135  
Expires January 31, 2004

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*



Lease Serial No.	NMLC028793A
6. If Indian, Allottee or Tribe Name	
7. If Unit or CA/Agreement, Name and/or No.	NMNM88525X
8. Well Name and No.	BURCH KEELY UNIT #354
9. API Well No.	30-015-32788
10. Field and Pool, or Exploratory Area	GRBG JACKSON SR Q GRBG SA
11. County or Parish, State	EDDY COUNTY, NM

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator MARBOB ENERGY CORPORATION	
3a. Address P O BOX 227, ARTESIA, NM 88211	3b. Phone No. (include area code) 505-748-3303
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660 FSL 660 FWL, SEC. 18-T17S-R30E SWSW, UNIT M	

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other TD CSG/CMT
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

TD WELL @1:30 AM 9/12/03, DRLD 7 7/8" HOLE TO 4718.10', RAN 111 JTS 5 1/2" 17# J-55  
CSG TO 4718.09, CMTD 1ST STG W/325 SX SUPER H, PD @8:00 AM 9/13/03, CIRC 123 SX TO PIT,  
CMTD 2ND STG W/400 SX H/L, TAILED IN W/500 SX SUPER H, PD @4:00 PM 9/13/03, CIRC 250  
SX TO PIT, WOC 18 HRS, TSTD CSG TO 1500# FOR 30 MIN.

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

DEBORA L. WILBOURN

Title GEOTECH

Signature

*Deborah L. Wilbourn*

Date 09/15/03

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)