

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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SEP 23 1993

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

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-028793C
2. Name of Operator Marbob Energy Corporation	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Drawer 217, Artesia, NM 88210 505-748-3303	7. If Unit or CA, Agreement Designation NMNM88525X
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1985 FSL 1365 FEL, Sec. 23-T17S-R29E, Unit J	8. Well Name and No. Burch Keely Unit #218
	9. API Well No. 30-015-27650
	10. Field and Pool, or Exploratory Area Grbg Jackson SR Q Grbg SA
	11. County or Parish, State Eddy County, NM

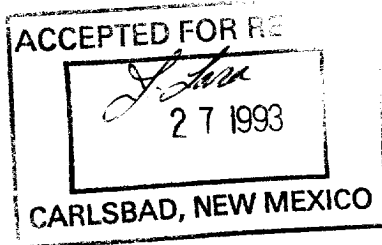
12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>change from lease to</u> unit

(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.)*

change from: Burch C Federal #54



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Post ID-3
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chg the name

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

Signed Robin Smith Title Production Clerk Date 9/22/93

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: