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Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.
LC-028793A

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

BURCH KEELY UNIT

1. Type of Well
X Oil Well   — Gas Well   ⊔ Other

2. Name of Operator
MARBOB ENERGY CORPORATION

3. Address and Telephone No.
P.O. BOX 227, ARTESIA, NM 88210 505-748-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660 FSL 1295 FEL, SEC. 18-T17S-R30E UNIT P

8. Well Name and No.
BURCH KEELY UNIT #297

9. API Well No.
30-015-30731

10. Field and Pool, or Exploratory Area
GRBG JACKSON SR Q GRBG SA

11. County or Parish, State

EDDY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
__ Notice of Intent	⊔ Abandonment	⊔ Change of Plans
	⊔ Recompletion	⊔ 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 CHANGE WELL NAME	⊔ 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 pertinet 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 markders and zones pertinent to this work.)*

CHANGE NAME OF WELL FROM: BURCH KEELY UNIT #868

TO: BURCH KEELY UNIT #297

(stamp: RECEIVED OCD - ARTESIA)

Post ID-3
9-17-99
chg well II

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

Signed _Robin Cockrum_   Title PRODUCTION ANALYST   Date 08/25/99

(This space for Federal or State office use)

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

*See Instruction on Reverse Side