N.M. Oil Con Division 811 S. 1st Street

TYPE OF ACTION

Form 3160-5 (June 1990)

12.

DEPARTMENT OF THE INTERIOR Artesia, NM 88210-2834 BUREAU OF LAND MANAGEMENT

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

E. Langa Designation and Cariol No.

| | LC-028784C | | |
|--|--|--|--|
| 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 | 6. If Indian, Allottee or Tribe Name | | |
| SUBMIT IN TRIPLICATE | 7. If Unit or CA, Agreement Designation BURCH KEELY UNIT | | |
| 1. Type of Well Oil Gas Well Well Other 2. Name of Operator V | 8. Well Name and No. BURCH KEELY UNIT #174 | | |
| MARBOB ENERGY CORPORATION 3. Address and Telephone No. | 9. API Well No. 30-015-03115 | | |
| P.O. BOX 227, ARTESIA, NM 88210 505-748-3303 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | 10. Field and Pool, or Exploratory Area GRBG JACKSON SR Q GRBG SA | | |
| 2615 FSL 1345 FWL, SEC. 26-T17S-R29E UNIT K | 11. County or Parish, State EDDY CO., NM | | |
| | EDDT CO., NIVI | | |

| TYPE OF SUBMISSION | TYPE OF ACT | TION |
|--------------------------|--------------------|--|
| Notice of Intent | Abandonment | Change of Plans |
| | Recompletion | New Construction |
| Subsequent Report | Plugging Back | Non-Routine Fracturing |
| | Casing Repair | Water Shut-Off |
| Final Abandonment Notice | Altering Casing | Conversion to Injection |
| | Other WORKOVER PIT | Dispose Water |
| | | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |

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

MARBOB ENERGY PROPOSES TO DIG A 10' X 30' WORKOVER PIT ON EXISTING PAD & FENCE PIT. UPON COMPLETION OF WORK, WE WILL REMOVE FLUIDS & FENCE THEN LEVEL THE PIT.



| 14. I hereby certify that the foregoing is true and correct Signed | 1100 | PRODUCTION ANALYST | Date | 12/27/99 |
|--|-------|--------------------|--------|-----------|
| (This space for Federal or State office use) Approved by Conditions of approval, if any: | Title | Potrolaum Endearr | Date . | 1/14/2000 |

^{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.)*

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