		-	ivisionC
Form 3160-5	UN TED STATES	N.M. Oil Cc D	FORMAPPROVED
(June 1990)	DEPARTMENT OF THE INTERIO		Budget Bureau No. 1004-0135 Expires: March 31, 1993
	BUREAU OF LAND MANAGEME	Artesia, NM 8821	0-2834 signation and Serial No. LCO28784-B
	DRY NOTICES AND REPORTS ON		6. If Indian, Allottee or Tribe Name
	proposals to drill or to deepen or re PLICATION FOR PERMIT-" for su		•
	SUBMIT IN TRIPLICATE	345073	7. If Unit or CA, Agreement Designation
1. Type of Well		<u>A</u>	NM88525X
	her		8. Well Name and No.
2. Name of Operator	1	Drockue.	Burch Keely Unit # 204
Marbob Energy Corporation RECEIVED 3. Address and Telephone No. 0CD			API Well No. 30-015-03126
P.O.Drawer 217, Artesia, NM 88210			10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1295 FSL, 1295 FEL, Sec.26 T17S R29E Unit P			Grbg Jackson SR Q Grbg SA
			11. County or Parish, State
			Eddy County, NM
12. CHECK APPRO	PRIATE BOX(s) TO INDICATE NAT	URE OF NOTICE, REPORT, O	OR OTHER DATA
TYPE OF SUBMIS	SUBMISSION TYPE OF ACTION		
Notice of Intent		ndonment	Change of Plans
Subsequent Repor		ompletion	
		ging Back ng Repair	Non-Routine Fracturing Water Shut-Off
Final Abandonme		ing Casing	Conversion to Injection
	Othe	er	Dispose Water
			(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
3. Spot 100' plug @ 840	★ 2584' (perf. 2584 to 2596) 0 to 740 (base salt 788') ℃A <i>G</i> - 178 to 328' (8 5/8 shoe @428 top salt 38 0' to surface	85) TAG-	
		***Set CIBP within f	50 to 100 feet above the open
			cap with 35 feet of cement;
		***Set a cement plug	or which extends to a minimum of
			above the perforated interval. TAG
			AGHED FOR S of Approval
14. I hereby certify that the foregoing	is true and correct		
Signed Wagner & M	Title fige	nt	Date 3-27-01
(This space for E deral or State offic (ORIG, SGD)	ALEXIS C. SWOBODA	ETROLEUM ENGINEER	APR 0 3 2001
Approved byConditions of approval, if any:	Trtle		Date Date
	t a crime for any person knowingly and willfully to m	ake to any department or agency of the Un	ited States any false, fictitious or fraudulent
statements or representations as to a			
	*See Instruction	on Reverse Side	