C/SF

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

SUBMIT IN TRIPLICATE

5. Lease Designation and Serial No.
LC-028784C

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
BURCH KEELY UNIT

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other WIW

8. Well Name and No.
BURCH KEELY UNIT #175

2. Name of Operator
MARBOB ENERGY CORPORATION

9. API Well No.
30-015-03136

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

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980 FSL 1980 FSL, SEC. 26-T17S-R29E UNIT K

11. County or Parish, State
EDDY CO., 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
☐ Subsequent Report	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
☐ Final Abandonment Notice	☐ Altering Casing	☐ Conversion to Injection
	☒ Other REPAIR HOLE IN TBG	☐ 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.)*

FOUND HOLE IN 2 3/8" PC TBG, TOH, TIH W/NEW 2 3/8" PC TBG, CIRC PKR FLUID, TEST CSG TO 380# FOR 30 MINUTES - HELD OK. RETURN WELL TO INJECTION. SEE CHART ATTACHED.

NOTIFIED BRYAN - OCD ARTESIA PRIOR TO TEST

[Stamp: JAN 2000 RECEIVED OCD - ARTESIA]
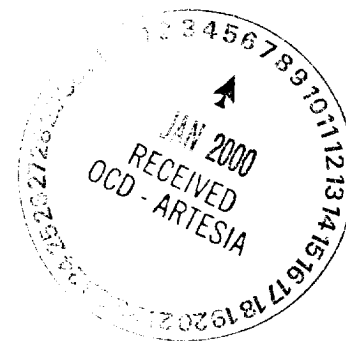
14. I hereby certify that the foregoing is true and correct
Signed *Robin Cockrum* Title PRODUCTION ANALYST Date 01/05/00

(This space for Federal or State office use)

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

*See Instruction on Reverse Side

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

BR 2221

BKY
#175
12-29-19 99

NOON · 1 · 2 · 3 · 4 · 5 · 6 P.M. · 7 · 8 · 9 · 10 · 11 · MIDNIGHT · 1 · 2 · 3 · 4 · 5 · 6 A.M. · 7 · 8 · 9 · 10 · 11

100 · 200 · 300 · 400 · 500 · 600 · 700 · 800 · 900