	HE TOTAL COMMANDE	CK
(June 1990)    June 1990)	Il or to deepen or reentry to a different reservoir.	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993  5. Lease Designation and Serial No. LC-028784-93 B 6. If Indian, Allottee of Tribe Name
SUBMIT  1. Type of Well	IN TRIPLICATE	7. If Unit or CA, Agreement Designation
Cil Gas Well Other  2. Name of Operator	<u> </u>	8. Well Name and No. Burch BB Federal #32
Marbob Energy Corporation  3. Address and Telephone No.  P.O. Drawer 217, Artesia, NM  4. Location of Well (Footage, Sec., T., R., M., or Survey De	88210 (505) 748–3303	9. API Well No.  30-015-21659  10. Field and Pool, or Exploratory Area
1295 FNL 2665 FEL, Unit C, Sec		Grbg Jackson SR Q Grbg SA  11. County or Parish, State  Eddy, NM
CHECK APPROPRIATE BOX(S	s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent  Subsequent Report  Final Abandonment Notice	Abandonment  Recompletion  Plugging Back  Casing Repair  Altering Casing  Cother <u>correct legal footage</u>	Change of Plans  New Construction  Non-Routine Fracturing  Water Shut-Off  Conversion to Injection  Dispose Water  (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
give subsurface locations and measured and true vertice	pertinent details, and give pertinent dates, including estimated date of starting all depths for all markers and zones pertinent to this work.)*  ct legal footage from: 1295 FSL 2665  to: 1295 FNL 2665	FEL
	CONTROL DAY	TID R. GLASS
14. 1 hereby certify that the foregoing is true and correct Signed	Title Production Clerk	Date3/15/93
(This space for Federal or State office use)  Approved by Conditions of approval, if any:	Title	Date
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