Form 3160-5

## UNITED STATES

FORM APPROVED Budget Bureau No. 1004-0135

| (June 1990)                                                                                                                                                                          | DEPARTMENT OF THE INTERIOR<br>BUREAU OF LAND MANAGEMENT    |                   |                                                                                                                                             | 5.1 | Expires: March 31, 1993  5. Lease Designation and Serial No. |                   |                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------|-------------------|-----------------------------------------|--|
|                                                                                                                                                                                      | BUREAU OF LA                                               | MD MAINAC         | JEMENT                                                                                                                                      |     | ·                                                            |                   | и 190.                                  |  |
| 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                      |                   |                                         |  |
| 1. Type of Well                                                                                                                                                                      |                                                            |                   |                                                                                                                                             |     | Burch Keely Unit                                             |                   |                                         |  |
| X Oil Gas Well Other                                                                                                                                                                 |                                                            |                   |                                                                                                                                             |     | Vell Name and                                                | No.               |                                         |  |
| 2. Name of Operator                                                                                                                                                                  |                                                            |                   |                                                                                                                                             |     | Burch Keely Unit #215                                        |                   |                                         |  |
| Marbob Energy Corporation                                                                                                                                                            |                                                            |                   |                                                                                                                                             |     | PI Well No.                                                  |                   |                                         |  |
| 3. Address and Telephone No. P. O. Drawer 227, Artesia, NM 88210 505-748-3303                                                                                                        |                                                            |                   |                                                                                                                                             |     | 30-015-27573  10. Field and Pool, or Exploratory Area        |                   |                                         |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                               |                                                            |                   |                                                                                                                                             |     | Grbg Jackson SR Q Grbg SA                                    |                   |                                         |  |
| 1295 FSL 1345 FWL, Sec. 13-T17S-R29E, Unit N                                                                                                                                         |                                                            |                   |                                                                                                                                             |     | Eddy County, NM                                              |                   |                                         |  |
| I2. CHECK                                                                                                                                                                            | APPROPRIATE BOX(s)                                         | TO INDICA         | ATE NATURE OF NOTICE, RI                                                                                                                    |     |                                                              |                   |                                         |  |
| TYPE OF SUBMISSION TYPE OF ACTION                                                                                                                                                    |                                                            |                   |                                                                                                                                             |     |                                                              |                   |                                         |  |
| Notice                                                                                                                                                                               | of Intent                                                  |                   | Abandonment                                                                                                                                 |     | Change of                                                    | Plans             |                                         |  |
| <u></u>                                                                                                                                                                              |                                                            |                   | Recompletion                                                                                                                                | Ļ   | New Const                                                    | ruction           |                                         |  |
| Subsequent Report                                                                                                                                                                    |                                                            |                   | Plugging Back                                                                                                                               |     | Non-Routine Fracturing                                       |                   |                                         |  |
|                                                                                                                                                                                      |                                                            |                   | Casing Repair                                                                                                                               |     | Water Shut                                                   |                   |                                         |  |
| Final Abandonment Notice                                                                                                                                                             |                                                            |                   | Altering Casing  XX Other pref & treat                                                                                                      | F   | ☐ Conversion to Injection ☐ Dispose Water                    |                   |                                         |  |
|                                                                                                                                                                                      |                                                            |                   | Dier pier d'erede                                                                                                                           |     | Note: Report resu                                            | lts of multiple o | ompletion on Well<br>ort and Log form.) |  |
| give subsurface le                                                                                                                                                                   | ocations and measured and true vertical  0/31/95 Marbob En | ergy perforal man | d give pertinent dates, including estimated date of the sand zones pertinent to this work.)*  orated and treated from 0-4398, returned well |     | roposed work.                                                | If well is di     | rectionally drilled,                    |  |
|                                                                                                                                                                                      | to produc                                                  | LIUII.            |                                                                                                                                             |     |                                                              |                   |                                         |  |
|                                                                                                                                                                                      |                                                            |                   |                                                                                                                                             |     |                                                              |                   |                                         |  |
|                                                                                                                                                                                      |                                                            |                   |                                                                                                                                             |     |                                                              | A.                | -1.                                     |  |
|                                                                                                                                                                                      |                                                            |                   |                                                                                                                                             |     | -                                                            | N                 | 1.4                                     |  |
|                                                                                                                                                                                      |                                                            |                   |                                                                                                                                             |     | 1.49                                                         | روسد.<br>معرف     |                                         |  |
|                                                                                                                                                                                      |                                                            |                   | J Jaza                                                                                                                                      |     |                                                              |                   |                                         |  |
|                                                                                                                                                                                      |                                                            |                   | J'yan                                                                                                                                       |     |                                                              | į .               |                                         |  |
|                                                                                                                                                                                      |                                                            |                   |                                                                                                                                             |     |                                                              | 4 "-              |                                         |  |
|                                                                                                                                                                                      |                                                            |                   |                                                                                                                                             |     |                                                              | Control           |                                         |  |
| $\mathcal{V} \mathcal{V}_{\mathcal{V}}$                                                                                                                                              | the foregoing is true and correct                          | Tile              | Prodúction Clerk                                                                                                                            |     |                                                              | 1/9/95            |                                         |  |
| (This space for Fede                                                                                                                                                                 | eral or State office use)                                  |                   |                                                                                                                                             |     |                                                              |                   |                                         |  |
| Approved by                                                                                                                                                                          | val if any:                                                | Title             |                                                                                                                                             |     | _ Date                                                       |                   |                                         |  |
| Conditions of appro                                                                                                                                                                  | y                                                          |                   |                                                                                                                                             |     |                                                              |                   |                                         |  |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.