

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION  
Drawer 00  
Artesia, NM 88210  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
5. Lease Designation and Serial No.

C/SF

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

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. If Unit or CA, Agreement Designation  Burch Keely Unit
2. Name of Operator Marbob Energy Corporation	8. Well Name and No. Burch Keely Unit # 814
3. Address and Telephone No. P. O. Drawer 227, Artesia, NM 88210 505-748-3303	9. API Well No. 30-015- 27575
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  1650 FNL 1150 FWL, SEC. 23-T17S-R29E, UNIT E	10. Field and Pool, or Exploratory Area Grbg Jackson SR Q Grbg SA
	11. County or Parish, State Eddy County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other change well name	<input type="checkbox"/> 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 pertinent 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 markers and zones pertinent to this work.)\*

Change name of well from: Burch Keely Unit # 249  
to: Burch Keely Unit # 814

Port F0-3  
18-27-95  
dy well th

ACCEPTED FOR RECORD  
DEC 4 1995  
CARLSBAD, NEW MEXICO

RECEIVED  
DEC 06 1995  
OIL CON. DIV.  
DIST. 2

14. I hereby certify that the foregoing is true and correct

Signed Robin Smith Title Proudction Clerk Date 10/5/95

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any: \_\_\_\_\_

