| | | | w., | NM OIL CONS COMMISSION Drawer DD C |
|--|---|---------------------------------------|--|--|
| orm 3160-5 June 1990) | UNITED | | | Budget Bureau No. 1004-0135 |
| | DEPARTMENT OF | | | Expires: March 31, 1993 |
| | BUREAU OF LANI | BUREAU OF LAND MANAGEMENT | | 5. Lease Designation and Serial No |
| | SUNDRY NOTICES AND | REPORTS ON WELI | _S | LC-028793A 6. If Indian, Allottee or Tribe Name |
| | form for proposals to drill or Use "APPLICATION FOR PE | | | |
| SUBMIT IN TRIPLICATE | | | | 7. If Unit or CA, Agreement Designation |
| 1. Type of Well Oil Gas Well Well Other | | | | BURCH KEELY UNIT 8. Well Name and No. |
| 2. Name of Operator | | | | BURCH KEELY UNIT #220 |
| Marbob Energy Corporation | | | | 9. API Well No. |
| 3. Address and Telephone | | | | 30-015-27769 |
| P. O. Drawer 227, Artesia, NM 88210 505-748-3303 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | | 10. Field and Pool, or Exploratory Area |
| 4. Location of well (Poot | age, Sec., I., K., M., or Survey Description | un) | | GRBG JACKSON SR Q GRBG SA 11. County or Parish, State |
| 1430 FSL 660 FWL SEC. 19-T17S-R30E, UNIT L | | | | Eddy County, NM |
| 2. CHECK | APPROPRIATE BOX(s) T | D INDICATE NATURE | OF NOTICE, REPO | RT, OR OTHER DATA |
| TYPE OF | F SUBMISSION | | * TYPE OF ACTION | |
| Notice | e of Intent | Abandonment | | Change of Plans |
| িন্দ্র | | Recompletion | | |
| A Subsec | quent Report | Plugging Back | | Won-Routine Fracturing |
| Final | Abandonment Notice | Altering Casing | 1 | Conversion to Injection |
| | | Other PEI | FORATIONS | Dispose Water (Note: Report results of multiple completion on Well |
| 13 Describe Proposed or (| Completed Operations (Clearly state all perti- | ent details, and give pertinent dates | including estimated date of startin | Completion or Recompletion Report and Log form.) g any proposed work. If well is directionally drilled, |
| | 3/29/95 Perf csg fr Returned we | 11 to production. | | RECEIVED JUN 2 1 1995 OIL CON DIV. DIST. 21 1995 |
| 14. 1 hereby certify that Signed | the foregoing is true and correct | | n Clerk | Date 5/11/95 |
| | eral or State office use) | | ······································ | |
| Approved by Conditions of approv | val, if any: | Title | | Date |
| Title 18 U.S.C. Section or representations as to a | 1001, makes it a crime for any person know any matter within its jurisdiction. | vingly and willfully to make to any | department or agency of the Unite | ed States any false, fictitious or fraudulent statements |
| <u></u> | | *See Instruction on Re | verse Side | |

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