

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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 | 5. Lease Designation and Serial No. LC-028784B |
| 2. Name of Operator Marbob Energy Corporation | 6. If Indian, Allottee or Tribe Name |
| 3. Address and Telephone No. P. O. Drawer 227, Artesia, NM 88210 505-748-3303 | 7. If Unit or CA, Agreement Designation BURCH KEELY UNIT |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660 FSL 1240 FWL, SEC. 19-T17S-R30E, LOT 4 | 8. Well Name and No. BURCH KEELY UNIT # 824 |
| | 9. API Well No. 30-015-28145 |
| | 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"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other <u>CHANGE WELL NAME</u> |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Dispose Water |

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 WELL NAME FROM: BURCH BB FEDERAL #44

TO: BURCH KEELY UNIT #824

RECEIVED

FEB 10 1996

OIL CON. DIV. 2
DIST. 2

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

Signed

Chonda Nelson

Title

PRODUCTION CLERK

Date

1/8/96

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

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.

*See Instruction on Reverse Side