

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-028793A
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) 1650 FSL 2310 FEL, SEC. 19-T17S-R30E, UNIT J	8. Well Name and No. BURCH KEELY UNIT # 823
	9. API Well No. 30-015-28155
	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

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 AA FEDERAL #39

TO: BURCH KEELY UNIT # 823

J. Laro
RECEIVED
FEB 10 1996
OIL CON. DIV.
DIST. 2

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

Signed

Title **PRODUCTION CLERK**

Date **1/8/96**

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: