

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division FORM APPROVED  
811 S. 1st Street Budget Bureau No. 1004-0135  
Artesia, NM 88210 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

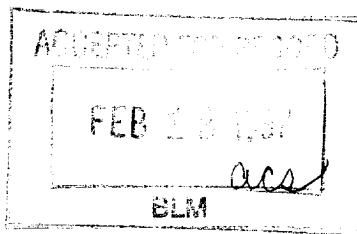
SUBMIT IN TRIPLICATE

|  |  |
|--|--|
| 1. Type of Well<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 7. If Unit or CA, Agreement Designation<br>BURCH KEELY UNIT          |
| 2. Name of Operator<br>Marbob Energy Corporation   | 8. Well Name and No.<br>BURCH KEELY UNIT #227                        |
| 3. Address and Telephone No.<br>P. O. Drawer 227, Artesia, NM 88210  | 9. API Well No.<br>30-015-28687                                      |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>660 FSL 50 FEL, SEC. 23-T17S-R29E UNIT P               | 10. Field and Pool, or Exploratory Area<br>GRBG JACKSON SR Q GRBG SA |
|  | 11. County or Parish, State<br>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 PERF & TREAT | <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.)

11/20/96 PERF AND TREAT FROM 3322-3826', 2804-2992', AND 2322-2561',  
RETURN WELL TO PRODUCTION.



RECEIVED  
DEC 19 8 32 AM '96

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

Signed Shonda Nelson Title PRODUCTION CLERK Date 12/17/96

(This space for Federal or State office use)

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

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