			N.M. Oil Cans.	Division		1/6	
Form 3160-5	UNITED ST	ATES	311 S. 1st J.	1	FORM APPROVED	431	
(June 1990)	DEPARTMENT OF T	NT OF THE INTERIOR				-0135 93	
	BUREAU OF LAND N	MANAGEMENT	, ,		esignation and Serial		
CIII	NDDV NOTICES AND D	EDARES AN WEI		LC-028	3784B		
	NDRY NOTICES AND R			6. If Indian	, Allottee or Tribe N	lame	
Use "A	or proposals to drill or to APPLICATION FOR PERM	ill—" for such prop	osals 1				
	SUBMIT IN TR	IDLICATE OF	,	7. If Unit	or CA, Agreement De	esignation	
1. Type of Well	GODINI IN TA	TELICATE (A)	Me				
[₩ Oil	A.1				BURCH KEELY UNIT 8. Well Name and No.		
2. Name of Operator	Other		OD RECEIVED		KEELY UNIT	#025	
MARBOB ENERGY CO	ORPORATION		ARTESIA	9. API Well		11033	
3. Address and Telephone No.					30-015-29302		
P. O. BOX 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 (Pootage, Sec., 1., R., M., or Survey Description)					GRBG JACKSON SR Q GRBG SA 11. County or Parish, State		
				11. County	or Parish, State		
1980 FNL 1295 FWL SEC. 25-T17S-R29E UNIT E				EDDY,	EDDY, NM		
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPOR				RT, OR O	T, OR OTHER DATA		
TYPE OF SUBM	TYPE OF SUBMISSION TYPE OF ACTION						
Notice of Intent		Abandonment		Chang	e of Plans		
		Recompletion			Construction		
Subsequent Repo	prt	Plugging Back		\Box	Non-Routine Fracturing		
Final Abandonme	ent Notice	☐ Casing Repair☐ Altering Casing			Water Shut-Off		
		Other EXTEND APD			Conversion to Injection Dispose Water		
			-	(Note: Repo	rt results of multiple comp or Recompletion Report a		
13. Describe Proposed or Completed (Operations (Clearly state all pertinent de	etails, and give pertinent dates,	including estimated date of starting	g any proposed v	vork. If well is directi	ionally drilled,	
give substitute locations and	measured and true vertical depths for	r all markers and zones pertin	ent to this work.)*				
WE R	REQUEST AN EXTENSION	TEOD 1 (ONE) VI	AD ON THE A D.D.	EOD MITE			
•	WE MENTIONED WELL.	Y FOR I (ONE) II	LAR ON THE A.P.D.	FOR THE			
				Ξ	-		
	. '			200			
	APPROVED E	OD /A BON	TH BERIAM	ROS1			
APPROVED FOR 12 MONTH PERIOD					7		
ENDING 12/17/98				<u> </u>	ECEIVE		
				AND RG	> <		
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				M E	. 2		
					ω		
/ \							
14. I heroby relative hat the foregoing	is true and correct						
Signed Nond		Title PRODUCTION	N CLERK	Date	10/17/97	7	
(This space for Federal or State o	office use)		IM ENOMETE	Date _			
Approved by	id.) Alexis C. Swoboda	Title	UM ENGINEEF	Date _	OCT 31 1	1997	
Conditions of approval, if any:							
Title 18 U.S.C. Section 1001, makes in or representations as to any matter with	it a crime for any person knowingly ar thin its jurisdiction.	nd willfully to make to any de	partment or agency of the United	States any false,	fictitious or fraudule	ent statements	