

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

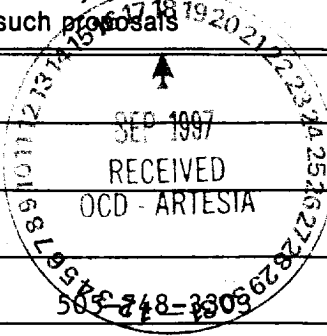
SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
MARBOB ENERGY CORPORATION

3. Address and Telephone No.
P. O. BOX 227, ARTESIA, NM 88210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**330
1295 FSL 300 FEL, SEC. 18-T17S-R30E UNIT P**



5. Lease Designation and Serial No.
LC-028793A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
BURCH KEELY UNIT

8. Well Name and No.
BURCH KEELY UNIT #275

9. API Well No.
30-015-29774

10. Field and Pool, or Exploratory Area
GRBG JACKSON SR Q GRBG SA

11. County or Parish, State
EDDY, NM

12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

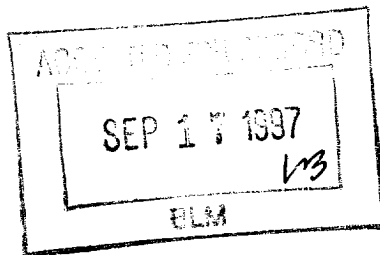
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> 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 NAME	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

CHANGED NAME OF WELL FROM: BURCH KEELY UNIT #860
TO: BURCH KEELY UNIT #275

*Part ID-B
9-26-97
chg well #*



BUREAU OF LAND MGMT.
ROSWELL OFFICE

RECEIVED
1997 SEP 15 A 9:15

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

Signed *Thonda Nelson* Title **PRODUCTION CLERK**

Date **9/12/97**

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: