Form 3160-5 (November 1994)

Final Abandonment Notice

## OCD-Antes, ~ UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996

SUNDRY NOTICES AND REPORTS ON WELLS

Casing Repair

☐ Change Plans

Convert to Injection

5. Lease Serial No. LC-028784C

Do not use ti abandoned w	6. If Indian, Allottee or Tribe Name				
SUBMIT IN TR	7. If Unit or CA/Agreement, Name and/or No.				
1. Type of Well  A Oil Well Gas Well	BURCH KEELY UNIT  8. Well Name and No.				
2. Name of Operator V MARBOB ENERGY CORPO	RATION		BURCH KEELY UNIT #858  9. API Well No.		
3a. Address P.O. BOX 227, ARTES	SIA, NM 88210	30-015-29812 10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec. 1245 FNL 2030 FWL,		GRBG JACKSON SR Q GRBG SA  11. County or Parish, State EDDY CO., NM			
12. CHECK AI	PPROPRIATE BOX(ES	S) TO INDICATE NATURE OF NOTICE	E, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION		TYPE OF ACTION			
Notice of Intent Subsequent Report	Acidize Alter Casing Casing Repair	Deepen Production ( Fracture Treat Reclamation  New Construction Recognition			

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final increasion. determined that the site is ready for final inspection.)

Recomplete

☐ Water Disposal

Temporarily Abandon

New Construction

Plug and Abandon

Plug Back

CHANGE FOOTAGE ON ABOVE WELL - SEE C-102 ATTACHED

Post ID-1 4-32-99 Amend Ftg

XX Other CHANGING FOOTAGE

14. I hereby certify that the foregoing is true and corn Name (Printed/Typed) ROBIN COCKRUM	Title PRODUCTION ANALYST
Signature Cockrum	Date 4/6/99
TI	SPACE FOR FEDERAL OR STATE OFFICE USE
Approved by (OBIC COD)	Title Harring FOM Date 4/22/99
Conditions of approval, if any, are attached. Approcertify that the applicant holds legal or equitable tit which would entitle the applicant to conduct operation	those rights in the subject lease

DISTRICT I P.O. Best 1980, Hobbs, NM 88241-1980

#### State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-102
Revised February 10, 1994
Submit to Appropriate District Office

State Lease - 4 Copies Fee Lease - 3 Copies

#### DISTRICT II P.O. Brawer BD, Artesia, NM 88211-0719

DISTRICT III 1000 Rio Braxos Rd., Astec, NM 87410

### OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

M AMENDED REPORT

DISTRICT IV P.O. Box 2068, Santa Fe, NM 87504-2088

#### WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name			
30-015-29812	28509	GRBG JACKSON	BG JACKSON SR Q GRBG SA		
Property Code	Property	Name	Well Number		
6497	BURCH KEELY UN	T	858		
OGRID No.	Operator	Name	Elevation		
14049	MARBOB ENERGY	CORPORATION	3580		

#### Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
С	26	17 S	29 E		1245	NORTH	2030	WEST	EDDY

#### Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Dedicated Acres	Joint o	r Infill Co	nsolidation (	Code Or	der No.			<u> </u>	

# NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	1245'	OPERATOR CERTIFICATION  I hereby certify the the information contained herein is true and complete to the best of my knowledge and belief.
2030'-		ROBIN COCKRUM Printed Name
		PRODUCTION ANALYST Title  4/6/99 Date  SURVEYOR CERTIFICATION
		I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervison, and that the same is true and correct to the best of my belief.
		MARCH  Date Survey to D  Signature A Seai of Professional Surveyor D
		W. Q. Jum. 99-11-02-88  Certificate No. 3239  MACON MCONALD, 12641  MACON MCONALD, 12165