

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Oil C S.

VISION

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

C/S

SUNDRY NOTICES AND REPORTS ON WELLS Artesia, NM

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other Instructions on reverse side

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

2. Name of Operator  
MARBOB ENERGY CORPORATION

3a. Address  
P.O. BOX 227, ARTESIA, NM 88210

3b. Phone No. (include area code)  
505-748-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1295 FNL 1980 FEL SEC. 26-T17S-R29E UNIT B

5. Lease Serial No.  
LC-028784B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

BURCH KEELY UNIT

8. Well Name and No.  
BURCH KEELY UNIT #290

9. API Well No.  
30-015-30453

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

11. County or Parish, State  
EDDY CO., NM

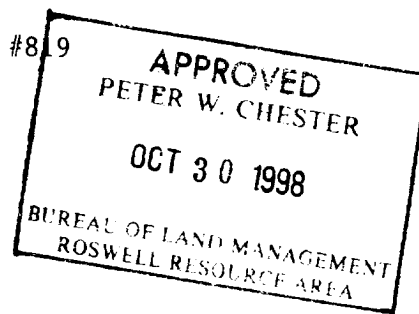
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other CHANGE WELL NAME
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 recompleat 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 recompleat 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 inspection.)

CHANGE NAME OF WELL TO: BURCH KEELY UNIT #290

FROM: BURCH KEELY UNIT #819



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

Name (Printed/Typed)  
RHONDA NELSON

Title  
PRODUCTION ANALYST

Signature  
*Rhonda Nelson*

Date  
10/23/98

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office