

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cor Division  
811 S. 1st Street  
Artesia, NM 88210-2834

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

CL517

**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

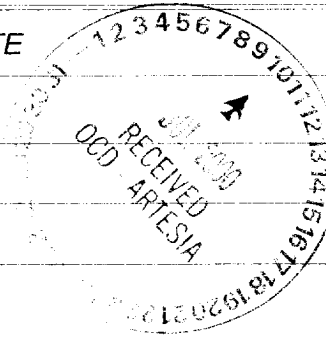
*SUBMIT IN TRIPLICATE*

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 505-748-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
924 FNL 990 FEL, SEC. 30-T17S-R30E UNIT A



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

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 #308

9. API Well No.  
30-015-31241

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(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
- ☒ Subsequent Report
- ☐ Final Abandonment Notice

TYPE OF ACTION

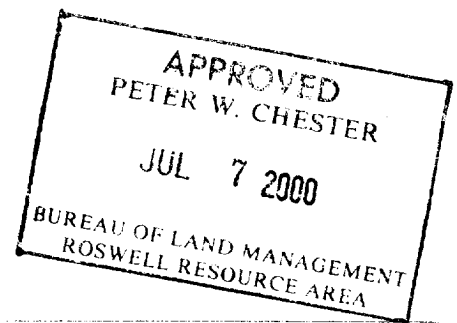
- ☐ Abandonment
- ☐ Recompletion
- ☐ Plugging Back
- ☐ Casing Repair
- ☐ Altering Casing
- ☒ Other CHANGE NAME OF WELL

- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ 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.)\*

WE ARE CHANGING THE NAME OF THE WELL TO: BURCH KEELY UNIT #308  
FROM: BURCH KEELY UNIT #875



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

Signed Robin Cockrum Title PRODUCTION ANALYST

Date 07/03/00

(This space for Federal or State office use)

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

Title \_\_\_\_\_

Date \_\_\_\_\_