

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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**

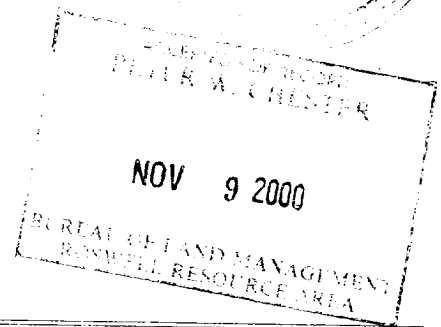
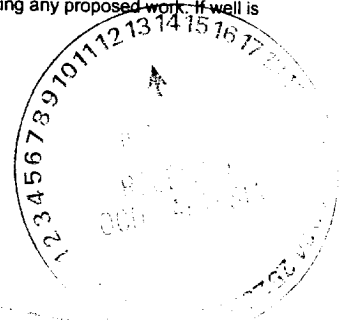
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. If Unit or CA, Agreement Designation <b>BURCH KEELY UNIT</b>
2. Name of Operator <b>MARBOB ENERGY CORPORATION</b>	8. Well Name and No. <b>BURCH KEELY UNIT #310</b>
3. Address and Telephone No. <b>P.O. BOX 227, ARTESIA, NM 88210 505-748-3303</b>	9. API Well No. <b>30-015-31247</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>1345 FSL 660 FWL, SEC. 26-T17S-R29E UNIT L</b>	10. Field and Pool, or Exploratory Area <b>GRBG JACKSON SR Q GRBG SA</b>
	11. County or Parish, State <b>EDDY CO., NM</b>

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 checked="" 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 <b>CHANGE WELL NAME</b>	<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.)

WE ARE CHANGING THE WELL NAME TO: BURCH KEELY UNIT #310  
FROM: BURCH KEELY UNIT #870



14. I hereby certify that the foregoing is true and correct		
Signed <b>Robin Cockburn</b>	Title <b>PRODUCTION ANALYST</b>	Date <b>09/11/00</b>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		