

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM Oil  
Drawer DD  
Artesia, NM 88210

C/SF

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. Drawer 227, Artesia, NM 88210 505-748-3303

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

1980 FSL 25 FWL, SEC. 24-T17S-R29E, UNIT L

5. Lease Designation and Serial No.

LC-028784A

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 # 807

9. API Well No.

30-015- 27990

10. Field and Pool, or Exploratory Area

Grbg Jackson SR Q Grbg SA

11. County or Parish, State

Eddy County, 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 well name

- ☐ 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.)\*

Change name of well from: Burch Keely Unit # 229

to: Burch Keely Unit # 807

RECEIVED

OCT 22 1995

OIL CON. DIV.

DIST. 2

OCT 10 9 30 AM '95

RECEIVED

Post IO-3  
10-21-95  
Chg. well #

J. Jara  
OCT 1 1995  
CAP. L. JARA, SUPERVISOR

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

Signed Robin Smith

Title Production Clerk

Date 10/5/95

(This space for Federal or State office use)

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

Title \_\_\_\_\_

Date \_\_\_\_\_