

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION  
Drawer DD  
Artesia, NM 88210  
BUDGET BUREAU NO. 1004 0135  
Expires: March 31, 1993  
5. Lease Designation and Serial No.  
LC-028793A  
6. If Indian, Allottee or Tribe Name

**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 <u>Burch Keely Unit</u>
2. Name of Operator <u>Marbob Energy Corporation</u>	8. Well Name and No. <u>Burch Keely Unit # 812</u>
3. Address and Telephone No. <u>P. O. Drawer 227, Artesia, NM 88210</u> <u>505-748-3303</u>	9. API Well No. <u>30-015- 28019</u>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>1650 FWL 330 FNL, SEC. 19-T17S-R30E, UNIT C</u>	10. Field and Pool, or Exploratory Area <u>Grbg Jackson SR Q Grbg SA</u>
	11. County or Parish, State <u>Eddy County, NM</u>

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"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>change well name</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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.)\*

Change name of well from: Burch Keely Unit # 238

to: Burch Keely Unit # 812

*Post ID-3  
10-27-95  
Chg. Well #*

*J. Lara*  
NOV 2 1995  
OIL & GAS DIVISION  
ALBUQUERQUE, NM

OIL & GAS DIVISION  
DIST. 2

OCT 10 9 32 AM '95

RECEIVED

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 \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: