

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

MAY 21 2004

FORM APPROVED  
OMB No. 1004-0135  
Expires January 31, 2004

OOB-ARTESIA

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. <b>NMLC028784A</b>
2. Name of Operator <b>MARBOB ENERGY CORPORATION</b>		6. If Indian, Allottee or Tribe Name
3a. Address <b>PO BOX 227, ARTESIA, NM 88211-0227</b>	3b. Phone No. (include area code) <b>(505) 748-3303</b>	7. If Unit or CA/Agreement, Name and/or No. <b>NMNM88525X</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>2615 FSL 25 FWL, SEC. 24-T17S-R29E, UNIT L</b>		8. Well Name and No. <b>BURCH KEELY UNIT #83</b>
		9. API Well No. <b>30-015-21664</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(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 checked="" 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 type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input checked="" 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.)

NOTIFIED BLM 24 HRS BEFORE PLUGGING. PLUG & ABANDON AS FOLLOWS:

5/6/04 - MIRU. POOH W/ RODS & PUMP.

5/7/04 - ND W/H. POOH W/ TBG. GIH W/ 4 1/2" CIBP & SET @ 2280'. CIRC MUD LAIDEN FLUID. SIFN.

5/10/04- SPOT 25 SX CLASS C CMT ON TOP OF CIBP @ 2280'-1967'. POOH W/ TBG. RU WL. GIH & PERF 4 1/2" CSG @ 840'. RIH W/ 4 1/2" AD-1 PKR TO 500'. SQZ 30 SX CLASS C CMT. DISPLACE 70 740'. CWI SDFN.

5/11/04- OPEN WELL & POOH W/ PKR. GIH W/ TBG TO 883', NO TAG. LOAD HOLE. PRESS UP TO 500#. HELD. SPOT 25 SX CLASS C CMT @ 883'. WOC 4 HRS. TAG CMT @ 694'. POOH W/ TBG. GIH W/ WL & PERF CSG @ 436'. POOH W/ WL. GIH W/ PKR & SET @ 120'. PUMP 2 BPM 0 PSI. NO CIRC. MIX & DISPLACE 45 SX CLASS C CMT TO 300'. CWI SDFN.

5/12/04- OPEN WELL & PRESS TEST TO 1000#, HELD. GIH W/ PKR & TBG. TAG CMT @ 200'. POOH W/ TBG & PKR. ND W/H & BOP. RIH W/ WL & PERF @ 60'. INSTALL SWEDGE. EST PUMP @ 2 BPM. CIRC TO SURF. PUMP 55 SX CLASS C CMT DOWN 4 1/2" CSG. HU TO 8 5/8" BRADEN HD & PMPD 20 SX CLASS C CMT DOWN 8 5/8" CSG. SJ BOTH SIDES. SIFN. (CONT ON ATTACHED PAGE 2).

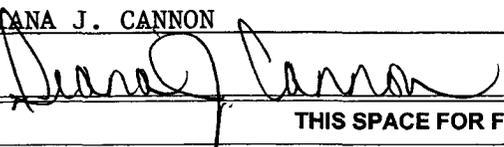
14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

**DIANA J. CANNON**

Title **PRODUCTION ANALYST**

Signature



Date **MAY 20, 2004**

**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

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)

FORM 3160-5  
PAGE 2

BURCH KEELY UNIT #83  
NMLC028784A / .NMNM88525X  
SEC. 24-T17S-R29E  
2615' FSL 25' FWL, UNIT L

SUBSEQUENT REPORT  
PLUG & ABANDON

5/13/04- OPEN UP 4½" & 8 5/8" CSG. NO PRESS. PRESS UP 4 1/2" CSG TO 1000#, HELD.  
PRESS UP 8 5/8" CSG TO 500#, HELD. TAGGED CMT @ 33'. MIX & CIRC 10 SX CLASS C  
CMT TO SURF. CUT OFF W/H & INSTALL DRY HOLE MARKER. RD.