

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

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 type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		RECEIVED AUG 10 2005 OCC-ARL/EDM	5. Lease Serial No. NMNM05470C
2. Name of Operator MARBOB ENERGY CORPORATION			6. If Indian, Allottee or Tribe Name
3a. Address P O BOX 227 ARTESIA NM 88211-0227		3b. Phone No. (include area code) 505-748-3303	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SEC. 14-T19S-F31E, UNIT I 1980 FSL 660 FEL, NE/4SE/4			8. Well Name and No. CHAPARRAL 14 FEDERAL #1
			9. API Well No. 30-015-34038
			10. Field and Pool, or Exploratory Area LUSK; MORROW WEST (GAS)
			11. County or Parish, State EDDY COUNTY, NM

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 checked="" type="checkbox"/> Other TD CSG/CMT
	<input type="checkbox"/> Change Plans	<input 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.)

TD WELL @7:00 AM ON 08/03/05. DRLD 7 7/8" HOLE TO 12765'. RAN 300 JTS (12777.84')
5 1/2" 17# S-95 CSG TO 12762'. CMTD 1ST STG W/500 SX SUPER H, CIRC 100 SX TO PIT.
CMTD 2ND STG W/1700 SX H/L, TAILED IN W/100 SX SUPER H, PD @8:00 PM ON 08/05/05, DID
NOT CIRC, RAN TEMP SURVEY - TOC @3000'. WOC 18 HRS, TSTD CSG TO 1500# F/30 MIN.

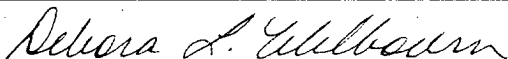
14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

DEBORA L. WILBOURN

Title GEOTECH

Signature



Date 08/09/05

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

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.

Title

Date

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 page 2)