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## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

UCU-MICIESIA

FORM APPROVED OM B No. 1004-0137 Expires March 31, 2007

5. Lease Serial No.

## J. Lease Serial

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an

NMNM94078
6 If Indian, Allottee or Tribe Name

| abandoned well. Use Form 3160 - 3 (APD) for such proposals.  SUBMIT IN TRIPLICATE- Other instructions on reverse side. |   |   |  |   |   |
|--|---|---|--|---|---|
|  |   |   |  | 7 If Unit or CA/Agreement, Name and/or No |   |
| 1 Type of Well X Gas Well Other  |   | SEP 0 5 2007  |  | 8 Well Name and No.                       |   |
| 2. Name of Operator Marbob Energy Corporation  |   | OCD-ARTESIA   |  | ONDELE FEDERAL #1 9 API Well No.          |   |
| 3a Address PO Box 227, Artesia, NM 88211-0227  |   | 3b. Phone No. (include area code) 505-748-3303                    |  | ·   | 915-33723                                 |
|  |   |   |  | 10. Field and Pool, or Exploratory Area   |   |
| 4 Location of Well (Footage, Sec   | , T , R., M , or Survey Description)  |   |  |   | RANCH; ATOKA-MORROW<br>or Parish, State   |
| 1980 FSL 765 FWL   | , SEC. 15-T19S-R27  | E, UNIT L   |  | EDDY                                      | CO., NM                                   |
|  | APPROPRIATE BOX(ES) TO  |   | OF NOTICE,   |   | OTHER DATA                                |
| TYPE OF SUBMISSION   |   | TYPE  | OF ACTION  |   |   |
| ☐ Notice of Intent  ✓ Subsequent Report  ☐ Final Abandonment Notice  | Acidize Alter Casing Casing Repair Change Plans Convert to Injection                                  | Deepen Fracture Treat New Construction Plug and Abandon Plug Back | Production (Start/Resume)  Reclamation  Recomplete  Temporarily Abandon  Water Shut-Off  Well Integrity  Vother  Application of tank  coating not of BLM  color. |   |   |
| electricity. This, in turn,  | ation applied a protective graph<br>will reduce the chance of the ta<br>procedure was given by Jim An | nk(s) being struck by li  | ghtning and prev   | ent loss of fluid                         | s.  |
|  |   |   |  | 4   | SEP 2 2007  JAMES A. AMOS  LUPERVISOR-EPS |
| 14. Thereby certify that the for   | egoing is true and correct  |   |  | -   |   |
| Name (Printed/Typed)   |   | Tin   |  |   |   |
| Diana J. Briggs  | $\overline{}$   | Title Pro   | duction Analyst  |   |   |
| Signature  | Somes   | Date  | AUGUST 29,   | 2007                                      |   |
|  | THIS SPACE FOR F  |   |  |   |   |
|  | <b>V</b>  |   |  |   |   |
| Approved by Conditions of approval, if any, are  | artached. Approval of this notice d   | loes not warrant or   | 2  | Di  | nte                                       |
| certify that the applicant holds lega<br>which would entitle the applicant t   | al or equitable title to those rights in o conduct operations thereon.                                | the subject lease Offi  |  |   |   |
| Fitle 18 U.S.C. Section 1001 and Tit<br>States any false, fictitious or fraudu   | le 43 U.S.C. Section 1212, make it a lent statements or representations a                             | crime for any person knows to anymatter within its ju             | ringly and willfully irrisdiction.   | to make to any                            | department or agency of the United        |