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

NOV 13 2007

FORM APPROVED OMB NO 1004-0135 Expires July 31, 2010 Lease Serial No

S Lease Serial No.

| SUNDRY NOTICES AND REPORTS ON WELLS OCD-ARTES Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                      |                 |                                                                                            |                                                                                  | NMLC028731B  6. If Indian, Allottee or Tribe Name                                                            |                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| SUBMIT IN TRIPLICATE - Other instructions on reverse side.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                      |                 |                                                                                            |                                                                                  | 7 If Unit or CA/Agreement, Name and/or No NMNM111789X                                                        |                                                  |
| Type of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                      |                 |                                                                                            |                                                                                  | 8 Well Name and No                                                                                           |                                                  |
| ☐ Oil Well ☐ Gas Well ☐ Oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ner                                                                                                                                                                                  | •               |                                                                                            | -                                                                                | DODD FEDERAL                                                                                                 | UNIT 113                                         |
| 2 Name of Operator Contact DEBBIE WILBOURN MARBOB ENERGY CORPORATION E-Mail: geology@marbob com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                      |                 |                                                                                            |                                                                                  | 9 API Well No<br>30-015-35247-00-X1                                                                          |                                                  |
| 3a Address P O BOX 227 ARTESIA, NM 88211-0227  3b Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                      |                 | (include area code)  10. Field and Pool, or Exploratory  8.3303  GRAYBURG JACKSON SR-Q-GRE |                                                                                  |                                                                                                              |                                                  |
| 4 Location of Well (Footage, Sec. T. R. M. or Survey Description)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                      |                 |                                                                                            | 11 County or Parish, and State                                                   |                                                                                                              |                                                  |
| Sec 10 T17S R29E NESE 134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                      | EDDY COUNTY, NM |                                                                                            |                                                                                  |                                                                                                              |                                                  |
| 12. CHECK APPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ROPRIATE BOX(ES) TO                                                                                                                                                                  | O INDICATE      | NATURE OF                                                                                  | NOTICE, RE                                                                       | EPORT, OR OTHER                                                                                              | R DATA                                           |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                      |                 |                                                                                            | OF ACTION                                                                        |                                                                                                              |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Acidize ☐ Deepen ☐ Produ                                                                                                                                                           |                 |                                                                                            | - Product                                                                        | ion (Start/Resume)                                                                                           | ☐ Water Shut-Off                                 |
| ☐ Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Alter Casing                                                                                                                                                                         | _               |                                                                                            | ☐ Reclama                                                                        |                                                                                                              | ☐ Well Integrity                                 |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Casing Repair                                                                                                                                                                        |                 |                                                                                            |                                                                                  |                                                                                                              | Other                                            |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Change Plans                                                                                                                                                                         |                 |                                                                                            |                                                                                  | Well Spud                                                                                                    |                                                  |
| Li mai Atamaonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                      |                 |                                                                                            | _                                                                                |                                                                                                              |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Convert to Injection ☐ Plug Back ☐ Water D                                                                                                                                         |                 |                                                                                            |                                                                                  |                                                                                                              |                                                  |
| If the proposal is to deepen direction Attach the Bond under which the wo following completion of the involved testing has been completed. Final Aldetermined that the site is ready for f SPUD WELL @8:15 PM ON 8 5/8" 24# J-55 CSG TO 355' HRS, TSTD CSG TO 600# F/.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ork will be performed or provided operations. If the operation rebandonment Notices shall be fifinal inspection.)  10/31/07, DRLD 12 1/4" H. CMTD W/300 SX P+, Pl. 30 MIN - HELD OK. | #57057 verified | by the BLM WRATION, sent                                                                   | BIA Required su ecompletion in a liuding reclamation N 10/31/07. R. CIRC 10 SX T | bsequent reports shall be new interval, a Form 316 in, have been completed,  AN 9 JTS (356.8') O PIT. WOC 18 | filed within 30 days<br>60-4 shall be filed once |
| Committed to AFMSS for processing by KU Name (Printed/Typed) DEBBIE WILBOURN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                      |                 | RT SIMMONS o                                                                               | n 11/07/2007 (0                                                                  | RESENTATIVE                                                                                                  |                                                  |
| The state of the s |                                                                                                                                                                                      |                 |                                                                                            | TO NELD INC.                                                                     | VEIVIIVE                                                                                                     |                                                  |
| Signature (Electronic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Submission)                                                                                                                                                                          | Date · 11/06    | /2007                                                                                      |                                                                                  |                                                                                                              |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THIS SPACE FO                                                                                                                                                                        | OR FEDERA       | L OR STATI                                                                                 | E OFFICE U                                                                       | SE                                                                                                           |                                                  |
| Approved By ACCEPTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                      |                 |                                                                                            | R GLASS<br>LEUM ENGINI                                                           | EER                                                                                                          | Date 11/07/20                                    |
| 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 Carlst                                                                              | oad                                                                              |                                                                                                              |                                                  |