UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT



FORM APPROVED OMB NO 1004-0135 Expires: July 31, 2010

Expires: July 31, 20

Lease Serial No. NMNM0467932

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.

6.	If Indian,	Allottee or Tribe Name

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SUBMIT IN TRII	7. If Unit or CA/Agreement, Name and/or No.							
1. Type of Well	8. Well Name and No.							
☑ Oil Well ☐ Gas Well ☐ Oth	E L FEDERAL 13							
Name of Operator MARBOB ENERGY CORPOR		9. API Well No 30-015-36662-00-X1			0-X1			
3a. Address P O BOX 227 ARTESIA, NM 88211-0227	3b. Phone No. (include area code) Ph: 575-748-3303			10. Field and Pool, or Exploratory LOCO HILLS				
4. Location of Well (Footage, Sec., T) DEC () 2000			11. County or Parish, and State				
Sec 21 T17S R30E SENE 170	DEC - 2 2008			EDDY COUNTY, NM				
		OCD	-ARTES	A				
12. CHECK APPE	ROPRIATE BOX(ES) TO	INDICATE	NATURE OF	NOTICE, RI	EPORT, OR OTHER	DATA		
TYPE OF SUBMISSION	OF ACTION	, , , , , , , , , , , , , , , , , , , ,						
☐ Notice of Intent	☐ Acidize	Deepen		□ Product	tion (Start/Resume)	☐ Water Shut-Off		
_	☐ Alter Casing	Fracture Treat		□ Reclam	ation	Well Integrity		
Subsequent Report	Casing Repair	□ New	☐ New Construction		plete	Other Well Spud		
☐ Final Abandonment Notice	Change Plans	Plug and Abandon		Tempo	rarily Abandon	Well Spud		
	Convert to Injection		Back	□ Water I	Disposal			
determined that the site is ready for final inspection.) SPUD WELL @10:00 PM ON 11/14/08. DRLD 12 1/4" HOLE TO 4063' ON 11/14/08. RAN 10 JTS (401.19') 8 5/8" 24# J-55 8RD STC CSG TO 402.39'. CMTD 1ST STG W/150 SX THIXO P+, PD @9:06 AM ON 11/14/08, DNC. TAG TOC @24'. REDIMIX TO FUR W/1 YD GSK 3/8" ROCK. WOC 18 HRS. DO 5' BELOW FC W/10# BRINE - NO LOSS OF CIRC. ACCEPTED FOR RECORD								
	EC 3 - 200	10						
	ve, Deputy Fie District II	ld Inspector ARTESIA						
14 I hereby certify that the foregoing i	s true and correct. Electronic Submission # For MARBOB EN nmitted to AFMSS for proc	ERGY CORPO	RATION, sent	to the Carlsba	ad			
Name(Printed/Typed) DEBBIE V		Title AUTHORIZED REPRESENTATIVE						
Signature (Electronic	Submission)		Date 11/19/	/2008				
	THIS SPACE FO	OR FEDERA	L OR STATE	OFFICE U	SE			
Approved By ACCEPT		JAMES A AMOS TitleSUPERVISOR EPS		Date 11/28/20				
Conditions of approval, if any, are attach- certify that the applicant holds legal or ec- which would entitle the applicant to cond		Office Carlsb	ad		2008			