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Form 3160-5
(September 2001)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

000-ARTESIA

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

MARBOB ENERGY CORPORATION

3a. Address

PO BOX 227, ARTESIA, NM 88211-0227 (505) 748-3303

3b. Phone No. (include area code)

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660 FSL 890 FWL, SEC. 10-T17S-R31E, UNIT M

5. Lease Serial No.

NMLC029426B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

OXY BUTTER PECAN FEDERAL #1

9. API Well No.

30-015-32316

10. Field and Pool, or Exploratory Area

FREN; WOLFCAMP

11. County or Parish, State

EDDY CO., 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 checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input checked="" 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.)

RECOMPLETED TO THE WOLFCAMP AS FOLLOWS:

SET CICR @ 10146'. SQZ PERFS @ 10180'-10281' W/ 220 SX CMT. DRILL OUT CICR @ 10146' & CMT THRU SQZD PERFS IN CISCO @ 10180'-10281'. PERF THE MORROW @ 11956'-11959' (24 SHOTS). ACIDIZE THE MORROW W/ 500 GAL CLAY SAFE H ACID. SET CIBP @ 11900'. PERF THE STRAWN @ 11169'-11187' (9 SHOTS). DUMP 35' CMT ON CIBP @ 11900'. ACIDIZE THE STRAWN W/ 1500 GAL 15% ACID. SET CIBP @ 11100'. PERF THE CISCO @ 9308'-9583' (15 SHOTS). DUMP 35' CMT ON CIBP @ 11100'. ACIDIZE THE CISCO W/ 3000 GAL 15% ACID. SET CIBP @ 9240'. PERF THE WOLFCAMP @ 8449'-8703' (20 SHOTS). DUMP 35' CMT ON CIBP @ 9240'. ACIDIZE THE WOLFCAMP W/ 5000 GAL NEFE 15% HCL ACID. FRAC THE WOLFCAMP @ 8449'-8566' W/ 128040 GAL FLUID & 100K LBS PROPPANT. AIR 40 BPM. AIP 4000#. TAG PBD @ 9205'. HUNG WELL ON PUMP ON 10/27/04.

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

Name (Printed/Typed)

DIANA J. CANNON

Title

PRODUCTION ANALYST

Signature

Date

NOVEMBER 3, 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)

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised June 10, 2003
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-32316		Pool Code		Pool Name FREN; WOLFCAMP	
Property Code 300362		Property Name OXY BUTTER PECAN FEDERAL			Well Number 1
OGRID No. 14049		Operator Name MARBOB ENERGY CORPORATION			Elevation 3896'

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	10	17S	31E		660	SOUTH	890	WEST	EDDY

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Dedicated Acres 320	Joint or Infill	Consolidation Code	Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	<p>RECEIVED NOV 09 2004 OCD-ARTESIA</p>	<p>17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>[Signature]</i> Signature</p> <p>DIANA J. CANNON Printed Name PRODUCTION ANALYST PRODUCTION@MARBOB.COM Title and E-mail Address</p> <p>NOVEMBER 8, 2004 Date</p>
		<p>18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p>
		<p>Certificate Number</p>