KC

Form 3160-5 (August 1999)	DH	TED STATE	S OCA - /	Holocia	FORM APPROVED OMB NO. 1004-0135 Expires: November 30, 2000		
L al	BUNDRY SUNDRY Oo not use thi pandoned wel	TED STATE L	GEMENT RTS ON WELLS 3 ^t drill or to re-enter all b) for such proposal	56 ⁷⁸⁹ 7077 7 A 8. 300,0000	5. Lease Serial No. NMLC028731A	c\5Y	
S	JBMIT IN TRI	PLICATE - Other instruc	ctions on reverse sid		of If Unit or CA/Agre	ement, Name and/or No	
1. Type of Well	Gos Well M Oth	her: INJECTION (1)	(W	OCD ARTESIA	8. Well Name and No M DODD A 20		
Name of Operator MARBOB ENER		9. API Well No. 30-015-02981-0	9. API Well No. 30-015-02981-00-S1				
3a. Address P O BOX 227 ARTESIA, NM 88211-0227 3b. Phone N Ph: 505.74 Fx: 505.74				area code) 10. Field and Pool, or Exploratory GRAYBURG			
4. Location of Well	(Footage, Sec., T	11. County or Parish,	11. County or Parish, and State				
Sec 14 T17S R29E NWSW 1980FSL 660FWL					EDDY COUNTY	Y, NM	
12. (CHECK APPR	ROPRIATE BOX(ES) TO	O INDICATE NATUR	RE OF NOTICE	, REPORT, OR OTHE	R DATA	
TYPE OF SUB	MISSION		Τ	N			
Notice of Inter	t	☐ Acidize	□ Deepen	□ Pro	duction (Start/Resume)	tion (Start/Resume)	
		☐ Alter Casing	☐ Fracture Treat	t □ Red	lamation	■ Well Integrity	
☐ Subsequent Report		□ Casing Repair	☐ New Construction	ction 🔲 Rec	complete	⊠ Other	
☐ Final Abandon	nment Notice	☐ Change Plans	□ Plug and Aba	ndon 🔲 Ter	nporarily Abandon	Workover Operation	
		☐ Convert to Injection	☐ Plug Back	□ Wa	ter Disposal		
If the proposal is to Attach the Bond un following completi- testing has been con- determined that the MARBOB ENER	deepen direction der which the wo on of the involved upleted. Final Al site is ready for f	peration (clearly state all pertinolally or recomplete horizontally of recomplete horizontally will be performed or provided of operations. If the operation resonant notices shall be final inspection.) RATION PROPOSES TO ON OF WORK, WE WILL	y, give subsurface locations e the Bond No. on file with esults in a multiple comple iled only after all requirement DIG A 10' X 30' WORI	and measured and BLM/BIA. Requition or recompletioents, including recla	true vertical depths of all per red subsequent reports shall lan in a new interval, a Form 3 imation, have been completed.	tinent markers and zone be filed within 30 days 160-4 shall be filed oncod, and the operator has	
14. I hereby certify the	at the foregoing is	s true and correct					
The state of the s	10.050mg 10	Electronic Submission #	#13276 verified by the B ERGY CORPORATION,	LM Well Informa	tion System sbad		
		mmitted to AFMSS for pro	cessing by Armando L	opez on 08/01/20	02 (02AL0110SE)		
Name (Printed/Type	d) DIANA CA	NNON	Title	AUTHORIZED I	REPRESENTATIVE		
Signature	(Electronic S	Submission)	Date	07/31/2002			
		TI 110 OD 1 OF E					

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

(ORIG SCD) JOE & LARA Approved By

Patroloum Eminor

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

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.

