Form 3160-5 (November 1994)

determined that the site is ready for final inspection.)

ED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

N.M. Oil Con!	s. Divisica
N.M. Sill Sill Sill Sill Sill Sill Sill Sil	0-2834

FORM APPROVED 0-2834

5. Lease Serial No. NM-0558581

OMB No. 1004-0135 Expires July 31, 1996

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

c/	4
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SUNDRY	NOTICES	AND	REPORTS	ON V	VELLS
CONTRACT	1101000		IILF OILFO	UIT 1	•

SUNDRY NOTICES AND REPORTS UN WELLE

Do not use this form for proposals to drill or to re-enter an 0117273

To dened well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions of reverse side

6. If Indian, Allottee or Tribe Name

. Type of Well XL Oil Well Gas Well . Name of Operator MARBOB ENERGY CORE		ি RECEIVE ত OCD - ART	ESIA 6 8. V	Vell Name and No. OCO FEDERAL #2		
a. Address P.O. BOX 227, ARTE		3b. Phone No. rinding area of 505-748-3303	30 10. F L0	PI Well No. 0-015-30145 Field and Pool, or Exploratory Area DCO HILLS PADDOCK County or Parish, State		
1650 FNL 1650 FEL,	1650 FNL 1650 FEL, SEC. 21-T17S-R30E UNIT G EDDY CO., NM					
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NATURE OF	NOTICE, REPOR	T, OR 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	Fracture Treat New Construction Plug and Abandon	Production (Start/Resun Reclamation Recomplete Temporarily Abandon Water Disposal	Water Shut-Off Well Integrity KX Other EXTEND APD		
If the proposal is to deepen dire Attach the Bond under which the following completion of the invitesting has been completed. Fi	ectionally or recomplete horizontal the work will be performed or pro- rolved operations. If the operation	ly, give subsurface locations and n vide the Bond No. on file with BL results in a multiple completion of	neasured and true vertice. M/BIA. Required substruction in a new	osed work and approximate duration thereof. cal depths of all pertinent markers and zones. sequent reports shall be filed within 30 days w interval, a Form 3160-4 shall be filed once, have been completed, and the operator has		

WE REQUEST A ONE YEAR EXTENSION FOR THE APD ON THE ABOVE WELL

12 3/10/2000

	I hereby certify that the foregoing is true and correct Name (Printed/Typed) ROBIN COCKRUM Title	PRODUC	CTION ANALYST		
	Signature Date	2/25/9		·	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE					
App	roved by	Title	Date 3/5/99		
certi	ditions of approval, if any, are attached. Approval of this notice does not warrant or fy that the applicant holds legal or equitable title to those rights in the subject lease the would entitle the applicant to conduct operations thereon.	Office	CFO		