

CIS F

Form 3160-2
(August 1999)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000

BLM FORM 3160-2 REPORTS ON WELLS

Use this form to report on wells that are proposed for drilling or are being drilled. This form is to be filed with the BLM Field Office (APD) for such proposals.

5. Lease Serial No.
NMNM027994D

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE TO THE FIELD OFFICE ON THE REVERSE SIDE.

1. Type of Well
☐ Oil Well ☒ Water Well

8. Well Name and No.
FEDERAL MM COM 2

2. Name of Operator
MARBOB ENERGY

APPROVED BY: DIANA CANNON
E-Mail: producerfor@marbob.com

9. API Well No.
30-015-32289-00-X1

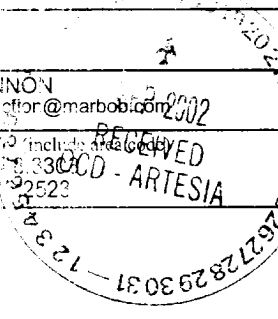
3a. Address
P O BOX 217
ARTESIA, NM 87003

Phone No. (include area code)
(505) 330-7125

10. Field and Pool, or Exploratory
CARLSBAD

4. Location of Well
Sec 13 T29S R10E

11. County or Parish, and State
EDDY COUNTY, NM



12. TYPE OF ACTION TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF ACTION	TYPE OF ACTION	TYPE OF ACTION	TYPE OF ACTION
☐ Notice of Intent	☐ Reopen	☐ Production (Start/Resume)	☐ Water Shut-Off
☒ Subsequent Report	☐ Fracture Treat	☐ Reclamation	☐ Well Integrity
☐ Field Abandon	☐ New Construction	☐ Recomplete	☒ Other
	☐ Plug and Abandon	☐ Temporarily Abandon	Change to Original APD
	☐ Plug Back	☐ Water Disposal	

13. Describe Proposed Work. If the proposed work is a new well, attach the Bond Number. Attach the Bond Number following completion of the work. If the proposed work is a well that has been determined to be a new well, attach the Bond Number. If the proposed work is a well that has been determined to be a new well, attach the Bond Number. If the proposed work is a well that has been determined to be a new well, attach the Bond Number.

MARBOB ENERGY CORP. REQUESTS TO CHANGE THE CEMENTING PROGRAM AS FOLLOWS:
IN THE CEMENTING PROGRAM, THE AMOUNT OF CEMENT NET @ 102TC, THE CEMENT SHOULD BE SUFFICIENT TO BRING THE WELL TO THE SURFACE.

14. I hereby certify that the information provided on this form is true and correct. This information was verified on the BLM Well Information System. This information was verified on the BLM Well Information System. This information was verified on the BLM Well Information System. This information was verified on the BLM Well Information System.

Name: [Signature] Title: AUTHORIZED REPRESENTATIVE

Signature: [Signature] Date: 09/13/2002

FEDERAL OR STATE OFFICE USE

Approved By: [Signature] Title: PETROLEUM ENGINEER Date: 09/16/2002

Conditions: I hereby certify that the information provided on this form is true and correct. This information was verified on the BLM Well Information System. This information was verified on the BLM Well Information System. This information was verified on the BLM Well Information System. This information was verified on the BLM Well Information System.

Title: 8 U.S. Department of the Interior, Bureau of Land Management, Office Carlsbad