

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OM B No. 1004-0137
Expires: March 31, 2007

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

3b. Phone No. (include area code)
(505) 748-3303

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

900 FNL 1980 FWL, SEC. 8-T19S-R32E, UNIT C

5. Lease Serial No.

NMNM95641

6. If Indian, Allottee or Tribe Name

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

NMNM114006

8. Well Name and No.

TBM FEDERAL COM #1

9. API Well No.

30-025-37343

10. Field and Pool, or Exploratory Area

LUSK; MORROW, NORTH

11. County or Parish, State

LEA CO., NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 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 type="checkbox"/> Plug Back	<input checked="" 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.)

MARBOB ENERGY CORPORATION REQUESTS APPROVAL FOR DISPOSAL OF WATER PRODUCTION.

ATTACHED PLEASE FIND THE WATER PRODUCTION & DISPOSAL INFORMATION SHEET, A CURRENT WATER ANALYSIS AND A COPY OF THE STATE ISSUED PERMIT.

4
JAN 20 2006
Hobbs
OCD

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

DIANA J. BRIGGS

Title
PRODUCTION ANALYST

Signature

Date
DECEMBER 27, 2005

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by **DAVID A. CLARK**

STATE ENGINEER

Date **JAN 20 2006**

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

SEE ATTACHED FOR

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 any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

GWW

746-2523

Water Production & disposal Information

In order to process your disposal request, the following information must be completed:

TBM-FEDERAL COM #1

1. Name of formations producing water on the lease. MORROW
2. Amount of water produced from all formations in barrels per day. LESS THAN 1 BBL PER DAY
3. Attach a current water analysis of produced water from all zones showing at least the total dissolved solids, ph, and the concentrations of chlorides and sulfates. (one sample will suffice if the water is commingled) ATTACHED
4. How water is stored on the lease. 500 BBL FIBERGLASS TANK
5. How water is moved to the disposal facility. TRUCKED
6. Identify the Disposal Facility by :
 - A. Facility operators name. LOCO HILLS WATER DISPOSAL COMPANY
 - B. Name of facility or well name & number. LOCO HILLS WATER DISPOSAL
 - C. Type of facility or well (WDW) (WIW) etc. WDW
 - D. Location by 1/4 1/4 section 16 township 17S range 30E
7. Attach a copy of the State issued permit for the Disposal Facility.
ATTACHED PERMIT #R-6811

Submit to this office, 414 West Taylor, Hobbs, NM 88240, the above required information on a Sundry Notice 3160-5. Submit 1 original and 5 copies, within the required time frame. (This form may be used as an attachment to the Sundry Notice.) Call me at 505-393-3612 if you need to further discuss this matter.



BJ SERVICES

Water Analysis

Date: 22-Dec-05

2708 West County Road, Hobbs NM 88240

Phone (505) 392-5556 Fax (505) 392-7307

Analyzed For

Company	Well Name	County	State
Marbob	TBM Federal #1	Eddy	New Mexico

Sample Source **Water Tank** **Sample #** 1

Formation **Depth**

Specific Gravity	1.005	SG @ 60 °F	1.008
pH	7.50	Sulfides	Not Tested
Temperature (°F)	73	Reducing Agents	

Cations

Sodium (Calc)	in Mg/L	2,213	in PPM	2,197
Calcium	in Mg/L	120	in PPM	119
Magnesium	in Mg/L	72	in PPM	71
Soluble Iron (FE2)	in Mg/L	30.0	in PPM	30

Anions

Chlorides	in Mg/L	3,600	in PPM	3,573
Sulfates	in Mg/L	175	in PPM	174
Bicarbonates	in Mg/L	224	in PPM	223
Total Hardness (as CaCO3)	in Mg/L	600	in PPM	595
Total Dissolved Solids (Calc)	in Mg/L	6,435	in PPM	6,386
Equivalent NaCl Concentration	in Mg/L	6,173	in PPM	6,126

Scaling Tendencies

*Calcium Carbonate Index 26,938

Below 500,000 Remote / 500,000 - 1,000,000 Possible / Above 1,000,000 Probable

*Calcium Sulfate (Gyp) Index 21,000

Below 500,000 Remote / 500,000 - 10,000,000 Possible / Above 10,000,000 Probable

*This Calculation is only an approximation and is only valid before treatment of a well or several weeks after treatment.

Remarks