

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM96848
2. Name of Operator / MARBOB ENERGY CORPORATION		6. If Indian, Allottee or Tribe Name DEC 16 2009
Contact DEBBIE WILBOURN E-Mail: geology@marbob.com		7. If Unit or CA Agreement, Name and/or No. NMOCD ARTESIA
3a. Address P O BOX 227 ARTESIA, NM 88211-0227	3b. Phone No. (include area code) Ph: 575-748-3303	8. Well Name and No. WHITE FEDERAL 1H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) / Sec 21 T25S R29E NENE 480 FNL 380FEL		9. API Well No. 30-015-36185
		10. Field and Pool, or Exploratory WILLOW LAKE
		11. County or Parish, and State EDDY COUNTY, 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 type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<input type="checkbox"/> Convert to Injection	<input 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.)

TD WELL @8:45 AM ON 11/25/09. DRLD 7 7/8" HOLE TO 11500'. RAN 303 JTS (11511.50') 5 1/2" 17# N-80 LTC CSG TO 11500'. CMTD 1ST STG W/575 SX ACID SOLUBLE CMT, CIRC 107 SX OFF DVT @5977.76'. CMTD 2ND STG W/1050 SX H/L, TAILED IN W/100 SX P+, PD @6:00 AM ON 11/27/09, CIRC 55 SX TO BINS. WOC 18 HRS.

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #78114 verified by the BLM Well Information System For MARBOB ENERGY CORPORATION, sent to the Carlsbad	
Name (Printed/Typed) DEBBIE WILBOURN	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 11/30/2009
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved By	Title
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
ACCEPTED FOR RECORD DEC 15 2009 /s/ Dustin Winkler BUREAU OF LAND MANAGEMENT CARLSBAD FIELD 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.	

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****