

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.

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

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)

1980 FSL 660 FEL, SEC. 12-T21S-R24E, UNIT I

5. Lease Serial No.

NM-101079

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

ZARAFI "FF" FEDERAL #1

9. API Well No.

30-015-30900

10. Field and Pool, or Exploratory Area

CEMETARY; MORROW, SOUTHEAST

11. County or Parish, State

EDDY CO., 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 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 checked="" 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 recomplete 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 recompletion 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.)

DURING A RECENT REVIEW OF OUR WELL RECORDS, WE DISCOVERED THAT WE NEGLECTED TO FILE A SUNDRY NOTICE FOR THIS RECOMPLETION PERFORMED IN 2001. PLEASE NOTE THAT THESE NEW PERFS WERE PERFORMED IN THE SAME MORROW FORMATION AS THE ORIGINAL PERFS, THEREFORE, THE FIELD AND POOL WILL REMAIN THE SAME.

RECOMPLETED AS FOLLOWS:

3/27/01 - SET CIBP @ 10020' DROP 20' OF CEMENT ON TOP OF PLUG.

3/28/03 - GIH & SHOOT PERFS @ 9960' - 9964' (16 SHOTS) & 9875' - 9885' (40 SHOTS), TOTAL OF 56 SHOTS. ACIDIZE THE FIRST ZONE W/ 500 GAL 7 1/2% MORROW ACID.

3/29/03 - SWAB/FLOW TEST.

WE REGRET THIS OVERSIGHT AND HOPE THAT THIS SUNDRY NOTICE WILL UPDATE THE WELL FILES. WE APOLOGIZE FOR THE INCONVENIENCE. IF YOU HAVE ANY QUESTION, OR REQUIRE FURTHER INFORMATION, PLEASE DON'T HESITATE TO CONTACT US.

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

DIANA J. CANNON

Title

PRODUCTION ANALYST

Signature

Date

JULY 21, 2003

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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