

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No 1004- 0137
Expires July 31, 2010

Lease Serial No

**OCD Artesia** 

SUNDRY NOTICES AND REPORTS ON WELLS					NMNM103595		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.					6 If Indian, A	lottee, or Tribe N	lame
					7 If Unit or C	A Agreement Na	ine and/oi No
SUBMIT IN TRIPLICATE - Other Instructions on page 2.  1						,	
Oil Well X Gas Well Other					8. Well Name and No.		
2 Name of Operator					Cali Roll Federal #1H		
Marbob Energy Corporat	ion				9 API Well N	0	, , , , ,
3a Address			3b Phone No. (include area code)		30-015-37267		
P.O. Box 227 Artesia, NM 88211-0227			575-748-3303		10 Field and Pool, or Exploratory Area		
4 Location of Well (Footage, Sec., T. R., M., or Survey Description)			Lat.		Wildcat; Bone Spring		
1470' FSL & 1755' FEL, Unit J (NWSE) Long.					11 County or Parish, State		
Sec 24-126S-R25E					Edo	dy	NM
12 CHECK APPROPE	RIATE BOX(S) TO IND	ICAT.	E NATURE OF 1	NOTICE, REPOR	T, OR OTH	ER DATA	
TYPE OF SUBMISSION TYPE OF ACTION							
Notice of Intent	Notice of Intent Acidize		Deepen	Production ( S	tart/ Resume)	Water S	Shut-off
	Altering Casing		Fracture Treat	Reclamation		Well In	tegnty
Subsequent Report	Casing Repair		New Construction	Recomplete		X Other	
•	Change Plans		Plug and abandon	Temporarily A	Temporarily Abandon		on <u>Operations</u>
Final Abandonment Notice Convert to Injection			Plug back	g back Water Disposal			
Attach the Bond under which the violiowing completion of the involve testing has been completed. Final determined that the site is ready for f	ed operations If the operation Abandonment Notice shall be	results	in amultiple comple	tion or recompletion	in anew interva	l, a Form 3160-	4 shall be filed once
Please change the name	e of this well:					·	
From: Cali Roll Federal #							
Effective: 7/27/09							
SUBJECT TO LIK APPROVAL BY S	STATE						
14 Thereby certify that the foregoing is a Name (Printed/Typed)	true and correct						
Stormi Davis	4		Title Prod	uction Assistant			
Storini Davis	<del>\ \ \ \</del>		Date 3/18/	10			

Name (Printed/ Typed)

Stormi Davis

Date 3/18/10

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

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 Office which would entitle the applicant to conduct operations thereon

Title 18 U.S.C. Section 1001 AND Title 43 U.S.C. Section 1212, make it acrime for any person knowingly and willfully to States any false, fictitiouser fraudulent statements or representations as to any matter within its jurisdiction

Title 18 U.S.C. Section 1001 AND Title 43 U.S.C. Section 1212, make it acrime for any person knowingly and willfully to BUREAU OF LAND MANACEMENT CARLSBAD FIELD OFFICE