

**RECEIVED**  
JUN 15 2010  
NMOCD ARTESIA

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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. NMLC028731B
2. Name of Operator MARBOB ENERGY CORPORATION		6. If Indian, Allottee or Tribe Name
Contact: DEBBIE WILBOURN E-Mail: geology@marbob.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address ARTESIA, NM 88211-0227	3b. Phone No. (include area code) Ph: 575-748-3303	8. Well Name and No. BEE FEDERAL 2
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 10 T17S R29E NWSE 2310FSL 1350FEL 32.84827 N Lat, 104.05848 W Lon		9. API Well No. 30-015-36658-00-X1
		10. Field and Pool, or Exploratory GRAYBURG JACKSON SR-Q-GRE
		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	Well Spud
	<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 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.)

SPUD WELL @12:00 AM ON 05/26/10. DRLD 17 1/2" HOLE TO 420' @7:15 AM ON 05/26/10. RAN 9 JTS (355.13') 13 3/8" 48# H-40 8RD STC CSG TO 353.63'. CMTD W/342 SX P+, PD @11:00 AM ON 05/26/10, CIRC 75 SX TO BINS. DO 5' BELOW FS W/10# BRINE - NO LOSS OF CIRC.

05/28/10 @12:00 AM, DRLD 11" HOLE TO 946'. RAN 22 JTS (930.68') 8 5/8" 24# J-55 8RD STC CSG TO 948.58'. CMTD W/100 SX P+, TAILED IN W/250 SX P+, PD @6:40 PM ON 05/17/10, CIRC 14 BBLS TO BINS. WOC 18 HRS. DO 5' BELOW FS W/10# BRINE - NO LOSS OF CIRC.

TD WELL @6:45 PM ON 05/31/10. DRLD 7 7/8" HOLE TO 5700'. RAN 131 JTS (5685.66') 5 1/2" 17# J-55 8RD LTC CSG TO 5701'. CMTD 1ST STG W/380 SX SUPER H, PD @3:37 AM ON 06/02/10, CIRC 137 SX OFF DVT @3236'. CMTD 2ND STG W/225 SX HL, TAILED IN W/450 SX SUPER H, PD @10:27 AM ON 06/02/10, CIRC 128 SX TO BINS. WOC 18 HRS.

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

Electronic Submission #87434 verified by the BLM Well Information System

For MARBOB ENERGY CORPORATION, sent to the Carlsbad

Committed to AFMSS for processing by CHERYLE RYAN on 06/04/2010 (10CMR0499SE)

Name (Printed/Typed) DEBBIE WILBOURN

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 06/03/2010

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By	<b>ACCEPTED</b>	JAMES A AMOS Title SUPERVISOR EPS	Date 06/13/2010
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 Carlsbad	2010

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.

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