Form 3160-5 (August, 2007)

> Type of Well X Oil Well

Name of Operator

Gas Well

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

OCD-ARTHSIA

FORM APPROVED OMB No. 1004-0137

NMNM117120

Morning Federal #1H

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 page 2.

Other

Expires: July 31, 2010 Lease Serial No.

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

6. If Indian, Allottee, or Tribe Name

8. Well Name and No.

	Marbob Energy Corporation							9. API Well No.			
3a	Address	3b.	3b. Phone No. (include area code)			30-015-37644					
	P.O. Box 227 Artesia, NM 88211-0227	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		Lat.			Cedar Canyon; Bone Spring					
	980' FNL & 330' FWL, Unit E (SWNW)			Long.			11. County or Parish, State				
	Sec 8-T24S-R29E						Eddy NM				
12.	CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA										
	TYPE OF SUBMISSION	MATERIAL STATE OF THE STATE OF	TYI	TYPE OF ACTION							
	X Notice of Intent	Acidize		pen	Production (Start/ Resume)		Resume)	Water Shut-off			
		Altering Casing	Frac	ure Treat Reclamation		1		Well I	Integrity		
	Subsequent Report	Casing Repair	Nev Nev	v Construction	Recomplete			X Other	Name Char	nge	
		Change Plans	Plug	g and abandon	Temporarily	Abando	on				
	Final Abandonment Notice	I Abandonment Notice Convert to Injection		Plug back Water Disp		osal	1				
	determined that the site is ready for final in	nspection.)		ŕ		clamant	ion, have be	en completed ·	, and the opera	ntor has	
	Marbob Energy Corporation	respectfully requests the f	follown	ng name chang	ge:						
	From: Morning Federal #1 To: Morning Federal #1H										
	Effective 12/21/09			Δ			ACCEPTED FOR RECORD				
			RECEIVED		\sqcap	/10	OLI IL	.0101			
				SEP 2 9 2010 NMOCD ARTESIA				- 07	ansa		
							SEP 27 2010 Janes				
								F LAND MA BAD FIELD	ANAGEMENT OFFICE		
	. I hereby certify that the foregoing is true as the (Printed/ Typed)		Title: Production Assistant								
Stormi Davis				Date: 9/9/10							
Signature: Morrow Daries				Date: 9/9/10 EDERAL OR STATE OFFICE US							
		THIS SPACE FO	RFEDI	ERAL OR STA	ATE OFFICE U	JSE	<u> </u>				
App	proved by:	A		Title:			Da	te:			
	ditions of approval, if any are attached ify that the applicant holds legal or equ ch would entitle the applic	iitable title to those rights in the	subject								
	e 18 U.S.C. Section 1001 AND Title tes any false, fictitiousor fraudulent statemen				knowingly and wi	llfully	to make any	department o	or agency of the	United	
	istructions on page 2)							NI	/		
								1	194	/	