

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OM B No. 1004-0137  
Expires: March 31, 2007

**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  
☐ 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)

**900 FNL 1980 FWL, SEC. 8-T19S-R32E, UNIT C**

5. Lease Serial No.

**NMNM95641**

6. If Indian, Allottee or Tribe Name

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

**NMNM114006**

8. Well Name and No.

**TBM FEDERAL COM #1**

9. API Well No.

**30-025-37343**

10. Field and Pool, or Exploratory Area

**LUSK; MORROW, NORTH**

11. County or Parish, State

**LEA CO., NM**

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 type="checkbox"/> Plug Back	<input checked="" 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.)

MARBOB ENERGY CORPORATION REQUESTS APPROVAL FOR DISPOSAL OF WATER PRODUCTION.

ATTACHED PLEASE FIND THE WATER PRODUCTION & DISPOSAL INFORMATION SHEET, A CURRENT WATER ANALYSIS AND A COPY OF THE STATE ISSUED PERMIT.

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

**DIANA J. BRIGGS**

Title

**PRODUCTION ANALYST**

Signature

Date

**DECEMBER 27, 2005**

**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

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.

(Instructions on page 2)

G  
W  
W

746-2523

## Water Production &amp; disposal Information

In order to process your disposal request, the following information must be completed:

TBM FEDERAL COM #1

1. Name of formations producing water on the lease. MORROW
2. Amount of water produced from all formations in barrels per day. LESS THAN 1 BBL PER DAY
3. Attach a current water analysis of produced water from all zones showing at least the total dissolved solids, ph, and the concentrations of chlorides and sulfates. ( one sample will suffice if the water is commingled ) ATTACHED
4. How water is stored on the lease. 500 BBL FIBERGLASS TANK
5. How water is moved to the disposal facility. TRUCKED
6. Identify the Disposal Facility by :
  - A. Facility operators name. LOCO HILLS WATER DISPOSAL COMPANY
  - B. Name of facility or well name & number. LOCO HILLS WATER DISPOSAL
  - C. Type of facility or well (WDW)(WIW) etc. WDW
  - D. Location by 1/4 1/4            section 16 township 17S range 30E
7. Attach a copy of the State issued permit for the Disposal Facility.  
ATTACHED PERMIT #R-6811

Submit to this office, 414 West Taylor, Hobbs, NM 88240, the above required information on a Sundry Notice 3160-5. Submit 1 original and 5 copies, within the required time frame. (This form may be used as an attachment to the Sundry Notice.) Call me at 505-393-3612 if you need to further discuss this matter.



BJ SERVICES

# Water Analysis

Date: 22-Dec-05

2708 West County Road, Hobbs NM 88240

Phone (505) 392-5556 Fax (505) 392-7307

## Analyzed For

Company	Well Name	County	State
Marbob	TBM Federal #1	Eddy	New Mexico

**Sample Source**      **Water Tank**      **Sample #**      **1**

**Formation**      **Depth**

Specific Gravity	1.005	SG @ 60 °F	1.008
pH	7.50	Sulfides	Not Tested
Temperature (°F)	73	Reducing Agents	

## Cations

Sodium (Calc)	in Mg/L	2,213	in PPM	2,197
Calcium	in Mg/L	120	in PPM	119
Magnesium	in Mg/L	72	in PPM	71
Soluble Iron (FE2)	in Mg/L	30.0	in PPM	30

## Anions

Chlorides	in Mg/L	3,600	in PPM	3,573
Sulfates	in Mg/L	175	in PPM	174
Bicarbonates	in Mg/L	224	in PPM	223

Total Hardness (as CaCO3)	in Mg/L	600	in PPM	595
Total Dissolved Solids (Calc)	in Mg/L	6,435	in PPM	6,386
Equivalent NaCl Concentration	in Mg/L	6,173	in PPM	6,126

## Scaling Tendencies

\*Calcium Carbonate Index      26,938

Below 500,000 Remote / 500,000 - 1,000,000 Possible / Above 1,000,000 Probable

\*Calcium Sulfate (Gyp) Index      21,000

Below 500,000 Remote / 500,000 - 10,000,000 Possible / Above 10,000,000 Probable

\*This Calculation is only an approximation and is only valid before treatment of a well or several weeks after treatment.

## Remarks