## N.M. Oil Cons. Division 1625 N. French Dr. Hobbs, NM 88240

Form 3160-5

## UNITED STATES

FORM APPROVED

(September 2001)	DEPARTMENT OF THE INTERIOR		OMB No. 1004-0135 Expires January 31, 2004	
BUREAU OF LAND MANAGEMENT		<ul> <li>5. Lease Serial No.     NM=90900</li> <li>6. If Indian, Allottee or Tribe Name</li> <li>7. If Unit or CA/Agreement, Name and/or No.</li> </ul>		
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	_		NMNM109673	
Oil Well Gas Well Other  2. Name of Operator			8. Well Name and No.  LUCKY LIZARD FEDERAL COM #1	
MARBOB ENERGY CORPORATION			9. API Well No.	
3a. Address 3b. Phone No. (include area code)			30-025-35886	
PO BOX 227, ARTESIA, NM 88211-0227 (505) 748-3303  4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			10. Field and Pool, or Exploratory Area WILDCAT S183206F; MORROW (GA	
4. Location of Well (1 conage, see	, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		11. County or Parish, State	
1650 FNL 990 FEL, SEC. 6-T18S-R32E, UNIT H			LEA CO., NM	
12. CHECK AP	PROPRIATE BOX(ES) TO INDICAT	E NATURE OF NOTICE, R	EPORT, OR OTHER DATA	
TYPE OF SUBMISSION		TYPE OF ACTION		
Notice of Intent  Subsequent Report	Acidize Deepen  Alter Casing Fracture  Casing Repair New Con	<u> </u>	V/Resume) Water Shut-Off Well Integrity Other	
	Change Plans Plug and		andon	
Final Abandonment Notice	Convert to Injection Plug Back	Water Disposal		
following completion of the investing has been completed. Fi determined that the site is ready  RECOMPLETE WE. AS FOLLOWS:  1. SET CIBP- 2. PERF THE 3. ACIDIZE T. SWAB/FLOW 4. PERF THE	olved operations. If the operation results in a minal Abandonment Notices shall be filed only affi for final inspection.)  LL IN THE WOLFCAMP UNTIL  + 35' CMT @ 12300'.  WOLFCAMP @ 10248' - 10344  HE WOLFCAMP @ 10248' - 10  TEST.  WOLFCAMP @ 9884' - 9910'  HE WOLFCAMP @ 9884' - 991	ultiple completion or recompletion er all requirements, including reclaim commercial PRODUCT  ' (12 SHOTS).  344' W/ 3000 GAL N  (14 SHOTS).	EFE 15% HCL ACTD.	
14. I hereby certify that the foregoir Name (Printed/Typed)	ng is true and correct			
`_ '' '		Title PRODUCTION	ANALYST	
Signature	manale	Date OCTOBER 1,	2003	
APPE	THIS SPACE FOR FEDERA	AL OR STATE OFFICE USE		
Approved by Option School Conditions of approval, I apply are certify that the applicant trible legal which would entitle the applicant to	adaction of this notice does not want of conduct entire to those rights in the subject conduct operations thereon.	Title ant or lease Office	Date	
Title 18 U.S.C. Section 1001, and Ti States any false, fictitious of fraudali	tle 43 U.S.C. Section 1212, make it a crime for a chief statements or representations as to any matter MENGINIER	ny person knowingly and willfully within its jurisdiction.	to make to any department or agency of the United	