Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103	
District I	Energy, Minerals and Natural Resources WELL A			Revis	ed May 08, 2003	
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSERVATION DIVISION			WELL AI		5-31984
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.				Type of Lease	_ 077
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fo, NM 87505				ATE FE il & Gas Lease No		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505				o. State O	II & Gas Lease NC	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Na					lame or Unit Agre	ement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH					RUTH FEE	į
PROPOSALS.) 1. Type of Well: 8. Well						
Oil Well Gas Well	Other	F	RECEIVED		2	1
2. Name of Operator			SEP 0 3 2004	9. OGRID	Number	
MARBOB ENERGY CORPORATION 3. Address of Operator			10 Pool n	Pool name or Wildcat		
3. Address of Operator PO BOX 227, ARTESIA, NM 88211-0227			CARLSBAD; MORROW, SOUTH			
4. Well Location	00211 0227			0111111111	1101111011	
Unit Letter E ::	1980 feet from the	NOR'	TH line and	1090f	eet from theV	VEST line
Omit Letter 12	1900 leet from the	HOR	ine and	10701		Three
Section 10 Township 22S Range 27E NMPM					County	EDDY
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3077 GL						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INT	ENTION TO:				T REPORT O	F:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	<	ALTERING	CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRII	LLING OPNS	. PLUG ANI ABANDON	_
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ID		<u>-</u>
OTHER:			OTHER:	ADD PA	¥	X
13. Describe proposed or comple of starting any proposed work or recompletion.						
ADDED ADDITIONAL PAY IN THE MORROW LIME AS FOLLOWS:						
8/20/04 - SET 10K COMPOSITE FRAC PLUG @ 11350'. 8/25/04 - PERF THE MORROW LIME @ 11206'-11212' (14 SHOTS). ACIDIZE						rs
W/ 2000 GAL NEFE 15% HCL ACID.						
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE TITLE PRODUCTION ANALYST					DATE 9/2/04	
Type or print name DIANA U	. CANNON				Telephone No. (5	505) 748 <u>-33</u> 03
(This space for State use)						
APPPROVED BY					DATEP	0 7 2004
Conditions of approval, if any:	RECORDS ON	_:				