

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-32958
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Marbob Energy Corporation		6. State Oil & Gas Lease No. V-5391
3. Address of Operator P. O. Box 227, Artesia, NM 88211-0227		7. Lease Name or Unit Agreement Name: COINFLIP STATE
4. Well Location Unit Letter <u>D</u> : <u>990</u> feet from the <u>NORTH</u> line and <u>660</u> feet from the <u>WEST</u> line Section <u>18</u> Township <u>20S</u> Range <u>30E</u> NMPM <u>EDDY</u> County		8. Well No. 1
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3312' GR		9. Pool name or Wildcat BURTON FLAT; MORROW, EAST

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> OTHER: INTMD CSG <input checked="" type="checkbox"/>
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.	

10/03/03 @7:00 AM, DRLD 17 1/2" HOLE TO 33 JTS (1414') 13 3/8" 48# H-40 CSG TO 1439.00',
CMTD W/800 SX H/L, TAILED IN W/300 SX P+, PD @4:15 PM 10/3/03, CIRC 170 SX TO PIT, WOC
18 HRS, TSTD CSG TO 1500# FOR 30 MIN.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Deborah L. Wilbourn TITLE GeoTech DATE 10/08/03

Type or print name Deborah L. Wilbourn

Telephone No. 505-748-3303

(This space for State use)

APPROVED BY Jim W. Gunn TITLE District Supervisor DATE OCT 16 2003
Conditions of approval, if any: