

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

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

APR 17 2009

Form C-103  
May 27, 2004

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-015-25175
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> WIW		5. Indicate Type of Lease FEDERAL STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Marbob Energy Corporation		6. State Oil & Gas Lease No. Federal Lease No. NMLC028731B Federal Unit No. NMNM111789X
3. Address of Operator PO Box 227, Artesia, NM 88211-0227		7. Lease Name or Unit Agreement Name Dodd Federal Unit
4. Well Location Unit Letter E : 2310 feet from the North line and 25 feet from the West line Section 14 Township 17S Range 29E NMPM Eddy County		8. Well Number 37
11. Elevation (Show whether DR, RKB, RT, GR, etc) 3603' GL		9. OGRID Number 14049
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Grbg Jackson SR Q Grbg SA
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. 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 recompletion.

Repaired sheared packer as follows:

2/23/09 – MIRU. Found pkr set @ 4024' was sheared. NU BOP. POOH w/ 128 jts 2 3/8" PC tbg & AD-1 NP pkr. Halliburton re-dressed pkr. WIH w/ pkr on 128 jts 2 3/8" PC tbg.

2/24/09 – RU Basic kill trk. Pumped 50 bbls pkr fluid @ 1 BPM. Increased pressure after pumping 33 bbls. Est fluid level appx 3200'. Set pkr @ 4024'. Flange up wellhead. Pressure test tbg/csg annulus to 400# for 30 min. Held OK.

(Permission to test with no witness given by Richard Inge w/ OCD). RD & clean location.

(See chart attached)

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Diana J. Briggs TITLE Production Manager DATE 4/16/09

Type or print name Diana J. Briggs E-mail address: production@marbob.com Telephone No. (575) 748-3303

**For State Use Only**

APPROVED BY: Richard Inge TITLE Compliance Officer DATE 4/24/09

Conditions of Approval (if any):

