## RECLIVED |

Office Office	State of New Mexico			Form C-103
District I	Energy, Minerals and Natural Resou	<sup>rces</sup> NM <del>QQD.</del> ∕	ARTESIA	June 19, 2008
1625 N French Dr , Hobbs, NM 88240 District II			API-NO30-01	5-37141
1301 W Grand Ave, Artesia, NM 88210			5. Indicate Type of Lease	
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd , Aztec, NM 87410			STATE S FEE	
District IV Santa Fe, NIVI 8/505		6. State	e Oil & Gas L	ease No.
1220 S St Francis Dr., Santa Fe, NM 87505				
	S AND REPORTS ON WELLS	7. Leas	se Name or U	nit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		) A		
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS )			SRO State Unit Com	
1. Type of Well: Oil Well Gas Well Other		8. Wel	8. Well Number 2H	
2. Name of Operator			9. OGRID Number	
Marbob Energy Corporation			14049	
3. Address of Operator			10. Pool name or Wildcat	
PO Box 227, Artesia, NM 88211-0227			Delaware River; Bone Spring	
4. Well Location				
Unit LetterP:	130feet from theSouth line a	nd330	feet from the	Eastline
Section 32	Township 25S Range	28E	NMPM	Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2996' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING				
TEMPORARILY ABANDON				
PULL OR ALTER CASING	IULTIPLE COMPL 🔲 CASING	CEMENT JOB		
DOWNHOLE COMMINGLE				
OTHER.	□ OTHER:	Completion O	nerations	$\boxtimes$
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.				
Marbob Energy Corporation respectfully requests approval for the following name change:				
From: SRO State Unit Com #2 To: SRO State Unit Com #2H				
10. Sko state omt com #211				
				•
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE	TITLE: Production A	sistant	DATE: O	ctober 26, 2009
,				
Type or print name: Stormi Davis	E-mail address: sdavis@m	arbob.com	PHONE: <u>(</u>	575) 748-3303
For State Use Only				
APPROVED BY:	TITLE CZOCO	st	DATE	P006186101
Conditions of Approval (if any):				
▼				