Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103		
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.		99
1625 N. French Dr., Hobbs, NM 87240 District II	ON CONCERNATION DRUGION		30-025-20936		
811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco		STATE 🔀 FEE 🗆		
istrict IV		6. State Oil & Gas Lease No.			
2040 South Pacheco, Santa Fe, NM 87505			E-9721		
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.) 1. Type of Well:			7. Lease Name or Unit Agreement Name:		
Oil Well Gas Well Other			NEW MEXICO "CR" STATE		
2. Name of Operator			8. Well No.		
MARBOB ENERGY CORPORATION			2		
3. Address of Operator			9. Pool name or Wildcat		
PO BOX 227, ARTESIA, NM 88211-0227			LUSK; STRAWN		
4. Well Location					
Unit Letter P :	885 feet from the SOUTH	H line and	feet from	the <u>EAST</u> li	ne
Section 32	10. Elevation (Show whether D)	nge 32E R, RKB, RT, GR, et	NMPM	County LEA	
	3532 GL	-turn of Niction	Donort or Other I	Data	
11. Check A	Appropriate Box to Indicate Na	ature of Notice,	SEQUENT RE	Jala DODT OE:	
NOTICE OF IN		REMEDIAL WOR	_	ALTERING CASING	;
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A CEMENT JOB	ND		
OTHER: ADD PAY ZONE	X	OTHER:			
of starting any proposed work	leted operations. (Clearly state all c). SEE RULE 1103. For Multiple C	pertinent details, as Completions: Attac	nd give pertinent dat ch wellbore diagram	es, including estimate of proposed completi	d date on
or recompilation.					
	PROPOSES		TOT ECAMB DAY	ZONE	
MARBOB ENERGY CORPORATION PROPOSES TO ADD THE WOLFCAMP PAY ZONE @ 10540' - 10543' AND ACIDIZE W/ 1000 GAL 15% HCL ACID.					
@ 10540' - 10	543' AND ACIDIZE W/ IU	UU GAL 13% F	HCL ACID.		
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I hereby certify that the informati	on above is true and complete to the				
SIGNATURE LACAL	J VANAN TIPLE	PRODUCTION		DATE 9/27/	
Type or print name DIANA	J. CANNON		Tele	ephone No. (505)	748 - 3303
(This space for State use)		SIGNED BY			
•	CHRISTIE CHRIST	LIAMS	NGENERAL MAN	AGER	
APPPROVED BY Conditions of approval, if any:	OC DISTRI	CT SUPERVISOR	A REINFINGE 119 "	DATH ULT 3 (2002