

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(505) 393-6161 Fax:(505) 393-0720

District II  
1301 W. Grand Ave., Artesia, NM 88210  
Phone:(505) 748-1283 Fax:(505) 748-9720

District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
Energy, Minerals and Natural Resources  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

Form C-103  
Permit 121237

|                                                                                                                                                                                                                                                                                                                                         |  |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)                                                                                                                           |  | WELL API NUMBER<br>30-015-37581                        |
| 1. Type of Well: O                                                                                                                                                                                                                                                                                                                      |  | 5. Indicate Type of Lease<br>S                         |
| 2. Name of Operator<br>MARBOB ENERGY CORP                                                                                                                                                                                                                                                                                               |  | 6. State Oil & Gas Lease No.                           |
| 3. Address of Operator<br>PO BOX 227, ARTESIA, NM 882110227                                                                                                                                                                                                                                                                             |  | 7. Lease Name or Unit Agreement Name<br>WILD CAP STATE |
| 4. Well Location<br>Unit Letter <u>M</u> : <u>330</u> feet from the <u>S</u> line and <u>380</u> feet from the <u>W</u> line<br>Section <u>36</u> Township <u>19S</u> Range <u>31E</u> NMPM <u>Eddy</u> County                                                                                                                          |  | 8. Well Number<br>006H                                 |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3480 GR                                                                                                                                                                                                                                                                            |  | 9. OGRID Number<br>14049                               |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____ |  |                                                        |

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
 TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☐  
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
 Other:

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTER CASING ☐  
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐  
 CASING/CEMENT JOB ☐  
 Other: **Drilling/Cement** ☒

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.  
 SPUD WELL @10:30 PM ON 09/30/10. DRLD 17 1/2" HOLE TO 993' @5:15 PM ON 10/01/10. RAN 22 JTS (993.67") 13 3/8" 54# J-55 SRD STC CSG TO 997.12'. CMTD W/675 SX P+, TAILED IN W/250 SX P+, PD @12:40 AM ON 10/02/10, CIRC 91 BBLs TO BINS. WOC 18 HRS. TSTD CSG TO 600# F/30 MIN - HELD OK. 9/30/2010 Spudded well.

**Casing and Cement Program**

| Date     | String | Fluid Type | Hole Size | Csg Size | Weight lb/ft | Grade | Est TOC | Dpth Set | Sacks | Yield | Class | 1" Dpth | Pres Held | Pres Drop | Open Hole |
|----------|--------|------------|-----------|----------|--------------|-------|---------|----------|-------|-------|-------|---------|-----------|-----------|-----------|
| 10/02/10 | Surf   |            | 17.5      | 13.375   | 54           | J55   | 0       | 997      | 925   |       | P+    |         | 600       |           | 0         |

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 NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed \_\_\_\_\_ TITLE Production Manager \_\_\_\_\_ DATE 10/5/2010  
 Type or print name Diana Briggs \_\_\_\_\_ E-mail address production@marbob.com Telephone No. 575-748-3303

**For State Use Only:**

APPROVED BY: Randy Dade \_\_\_\_\_ TITLE District Supervisor \_\_\_\_\_ DATE 10/5/2010 1:05:44 PM