

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 811 South First, 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. 30-025-34204
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Marathon Oil Company		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 552, Midland, Tx 79702		7. Lease Name or Unit Agreement Bertha Barber
4. Well Location Unit Letter F : 2230 feet from the North line and 1850 feet from the West line Section 5 Township 20-S Range 37-E NMPM Lea County		8. Well No. 17
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3559' - GL		9. Pool name or Wildcat Monument (Tubb)

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

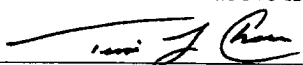
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: : Amend Previous C-102 filed 3-31-99 <input checked="" 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 type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

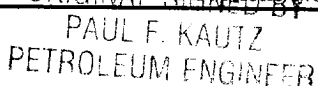
Amend proration unit from an 80 acre stand-up to an 80 acre lay-down.

RECEIVED
 Hobbs
 OCO

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

SIGNATURE  TITLE **Advanced Engineer Technician** DATE **1-9-03**

Type or print name **Tim L. Chase** Telephone No. **915-687-8408**
 (This space for State use)

APPROVED BY  TITLE **PETROLEUM ENGINEER** DATE **JAN 14 2003**

Conditions of approval, if any:

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State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-102
Revised August 15, 2000

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

Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-34204		² Pool Code 47090	³ Pool Name Monument (Tubb)
⁴ Property Code 6366	⁵ Property Name Bertha Barber		⁶ Well Number 17
⁷ OGRID No. 14021	⁸ Operator Name Marathon Oil Company		⁹ Elevation 3559'

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
F	5	20S	37E	-	2230'	North	1850'	West	Lea

Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Dedicated Acres 80		¹³ Joint or Infill		¹⁴ Consolidation Code		¹⁵ Order No.			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	<p>¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>Tim L. Chase</i> Signature</p> <p>Tim L. Chase Printed Name</p> <p>Advanced Engineer Technician Title</p> <p>01/09/03 Date</p>
	<p>¹⁸ SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>Date of Survey Signature and Seal of Professional Surveyor:</p>
<p>RECEIVED Hobbs 000</p>	
<p>Certificate Number John W. West 676 Ronald J. Eidson 3239 Gary L. Jones 7977</p>	

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WELL API NO. 30-025-34204
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Bertha Barber
8. Well No. 17
9. Pool name or Wildcat Monument: Tubb

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:
 Oil Well Gas Well Other

2. Name of Operator
 Marathon Oil Company

3. Address of Operator
 PO Box 2490 Hobbs, NM 88240

4. Well Location
 Unit Letter F : 2230 feet from the North line and 1850 feet from the West line
 Section 5 Township 20-S Range 37-E NMPM County Lea

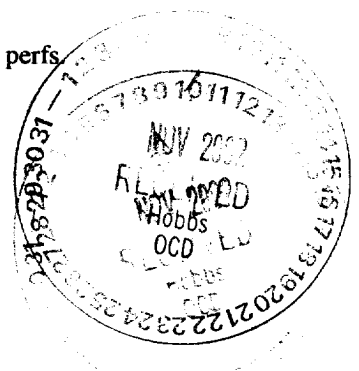
10. Elevation (Show whether DR, RKB, RT, GR, etc.)
 GL 3559'

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Add perfs in Tubb	<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.

10/17 MIRU pulling unit. ND wellhead. POOH w/pump & rods. NU BOP. POOH w/tbg.
 10/18 RIH w/TCP guns. Perf 6465 - 6477' w/6 SPF. POOH w/TCP guns. RIH w/pkr, set between perfs.
 10/23 Acidize lower perfs w/30 bbls 20% acid. POOH w/pkr. RIH w/tbg.
 10/24 ND BOP. RIH w/pump & rods. NU wellhead. RD pulling unit.



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

SIGNATURE Kelly Cook TITLE Admin. Assistant DATE 11/7/02

Type or print name Kelly Cook Telephone No. 393-7106
 (This space for State use)

APPROVED BY GARY W. WINK ORIGINAL SIGNED BY
 OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE NOV 14 2002

Conditions of approval, if any:

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C
S