

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

Form C-103
Revised May 08, 2003

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

WELL API NO.	30-005-63111
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	B-8385
7. Lease Name or Unit Agreement Name	STATE CF
8. Well Number	11
9. OGRID Number	14049
10. Pool name or Wildcat	CHISUM; DEVONIAN

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	RECEIVED
2. Name of Operator MARBOB ENERGY CORPORATION	DEC 21 2004
3. Address of Operator PO BOX 227, ARTESIA, NM 88211-0227	OCD-ARTESIA
4. Well Location Unit Letter <u>F</u> : <u>1650</u> feet from the <u>NORTH</u> line and <u>1650</u> feet from the <u>WEST</u> line Section <u>12</u> Township <u>11S</u> Range <u>27E</u> NMPM County <u>CHAVES</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3739' GL	

12. 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 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: WORKOVER <input checked="" 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.

PLANNED TO DRILL UP & RECOVER CIBP SO WE COULD ACIDIZE HORIZONTAL LATERAL. DRILLED OUT CIBP @ 6340' AND UNSUCCESSFULLY ATTEMPTED TO FISH IT OUT OF THE HOLE. THE REMAINDER OF THE CIBP ENDED UP IN THE LATERAL AND A DECISION WAS MADE TO TEST THE QUEEN.

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

SIGNATURE Diana J. Cannon TITLE PRODUCTION ANALYST DATE 12/20/04

Type or print name DIANA J. CANNON

Telephone No. (505) 748-3303

(This space for State use)

APPROVED BY FOR RECORDS ONLY

Conditions of approval, if any:

DEC 27 2004