

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

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

Form C-103  
Revised May 08, 2003

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-005-63141
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> SWD		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator MARBOB ENERGY CORPORATION		6. State Oil & Gas Lease No. K-2114
3. Address of Operator PO BOX 227, ARTESIA, NM 88211-0227		7. Lease Name or Unit Agreement Name THE DUKE STATE
4. Well Location Unit Letter <u>E</u> : <u>2603</u> feet from the <u>NORTH</u> line and <u>1088</u> feet from the <u>WEST</u> line Section <u>16</u> Township <u>11S</u> Range <u>28E</u> NMPM County <u>CHAVES</u>		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3674' GL		9. OGRID Number 14049
		10. Pool name or Wildcat SWD; FUSSELMAN

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
<b>NOTICE OF INTENTION TO:</b> 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: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> 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: MECHANICAL INTEGRITY TEST <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.

1/28/05 - TESTED CASING FOR 30 MINUTES. STARTED @ 560#, IN 30 MINUTES  
510#. (SEE CHART ATTACHED)

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 2/1/05

Type or print name DIANA J. CANNON Telephone No. (505) 748-3303  
(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of approval, if any:

  
GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

BR 2221

RECEIVED

FEB 02 2005

57427  
5360  
5710  
5710

6 P.M. 7 8 9 10

5

4

3

2

1

NOON

11

10

9

8

7

6

5

4