Submit 3 Copies 10 Appropriate District	State of New Mexico		Form C-103	
Office <u>District I</u>	Energy, Minerals and Natural Research		May 27, 2004	
1625 N. French Dr., Hobbs, NM 88240 District II	, f		LL API NO.	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-30262 Indicate Type of Lease FEDERAL	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
District IV Santa Fe, NW 8/303		7505	XJEVSSEKSI K KONK JEKUKUN NAKKO	
1220 S. St. Francis Dr., Santa Fe, NM 87505		FF	DERAL LEASE NO. NMNM0467932	
SUNDRY NOTICES AND REPORTS ON WELLS			Lease Name or Unit Agreement Name	
(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.)			EL FEDERAL	
1. Type of Well: Oil Well Gas Well Other SWD			8. Well Number 8	
2. Name of Operator			OGRID Number	
MARBOB ENERGY CORPORATION 3. Address of Operator			Pool name or Wildcat	
•				
PO BOX 227, ARTESIA, NM 88211-0227 SWD; PADDOCK 4. Well Location				
Unit Letter P : 380 feet from the SOUTH line and 990 feet from the EAST line				
Section 21	Township 17S Ra		IPM County EDDY	
	11. Elevation (Show whether DR			
3625' GL				
Pit or Below-grade Tank Application or Closure Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water				
•				
Pit Liner Thickness: mil		bbls; Construc		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
		COMMENCE DRILLING	OPNS. PANDA	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT JOB		
OTHER:	·	OTHER: WELL I	NTEGRITY X	
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.				
4/19/05 - PRESSURE TESTED TUBING/CASING ANNULUS TO				
375# FOR 45 MINUTES - HELD OK.				
(SEE CHART ATTACHED)				
RECEIVED				
MAD 1 0 0000				
MAR 1 0 2006				
			OCD-AFTESIA	
Chart in	ndicates recorder was not			
zero'd prior to test. Reschedule a				
Witnessed MIT test.				
MAR 1 3 2006				
as .	MAN 1 0 2000			
I hereby certify that the information	above is the and complete to the be	est of my knowledge and I	pelief. 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 (oction. I further certify that any pit or below- attached) alternative OCD-approved plan	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\n. an)		· -	
SIGNATURE	TITLE_	PRODUCTION ANALYS	DATE 3/7/06	
Type or print name DIANA .	BRIGGS Famail ad	dressPRODUCTT∩N@MAE	BOB. COMTelephone No. (505) 748-3303	
For State Use Only	D-man du	TODOT KODOOT TOHCIMI	202 (2011) Cichique (40. (202) 740-3303	
APPROVED BY: Conditions of Approval (if any):	TITLE		DATE	

