State of New Mexico Energy, Minerals and Natural Resources Department

MAY 19 2008

WELL API NO.

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION

2040 Pacheco St.

OCD-ARTESIA

DISTRICT II	Santa Fe, NM 87505	30-015-31597
P.O. Drawer DD, Artesia, NM 88210		sIndicate Type of Lease STATE X FEE
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410		STATE ★ FEE •State Oil & Gas Lease No. K-675
OIL GAS WELL WELL X OTHER		
Type of Well: OIL GAS WELL WELL X	OTHER	
₂Name of Operator MARBOB ENERGY CORPORATION		eWell No. 2
³ Address of Operator PO BOX 227, ARTESIA, NM 88210		∘Pool name or Wildcat CARLSBAD MORROW SOUTH
Well Location Unit Letter J : 1980 Feet From TI	he SOUTH Line and	1500 Feet From The EAST Line
Section 25 Townsh	nip 22S Range	26E NMPM EDDY County
	Elevation (Show whether DF, RKB, RT, GR, etc.) 200' GR	
1 Check Appropriate	Box to Indicate Nature of Notice	, Report, or Other Data
NOTICE OF INTENTIO	SUBSEQUENT REPORT OF:	

PERFORM REMEDIAL WORK

PLUG AND ABANDON

REMEDIAL WORK

ALTERING CASING

Approved for plugging of well bore only.

Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.cmnrd.state.nm.us/ocd.

TEMPORARILY ABANDON

CHANGE PLANS

COMMENCE DRILLING OPNS.

PLUG AND ANBANDONMENT

PULL OR ALTER CASING

CASING TEST AND CEMENT JOB

12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD WELL ON 6/8/01. DRLD 6 1/8" HOLE TO 11950'

P & A AS FOLLOWS:

6/8//01

OTHER:

1ST PLUG @ 11950', 35 SX CMT 2ND PLUG @ 11365', 35 SX CMT 3RD PLUG @ 10550', 70 SX CMT TAGGED CEMENT @ 10258'

6/10/01

#1 PLUG 8965-8754', 35 SX CMT #2 PLUG 5400-5189', 35 SX CMT #3 PLUG 2400-2189', 35 SX CMT

#4 PLUG 100'-SURFACE, 15 SX CMT

6/11/01

LOAD OUT KELLY & DR & DC'S & ACCESSORIES. ND BOP'S, RD YARD & CLEAN PITS, RELEASE RIG @ 6:00 AM 6/11/01 6/18/01

INSTALL DRY HOLE MARKER

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

SIGNATURE

TITLE PRODUCTION ANALYST

DATE 07-10-01

TYPE OR PRINT NAME DIANA J. CANNON

TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:



DATE