| Submit 3 Copies To Appropriate District Office | State of New Mexico | | Form C-103 | |
|--|--|------------------------|---|---|
| District I | Energy, Minerals and Natural Resources | | June 19, 2008 WELL API NO. | |
| 1625 N. French Dr., Hobbs, NM 88240 District II | | 30-015-25790 | | |
| 1301 W Grand Ave, Artesia, NM 88210 District III | | | 5. Indicate Type of Lease 1 | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | STATE FEI | E 🗌 |
| <u>District IV</u> 1220 S. St Francis Dr., Santa Fe, NM | Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. | |
| 87505 | | | Federal Lease #NMLC028731B Com Agreement #NMNM111789X | |
| SUNDRY NOTIC | ES AND REPORTS ON WELLS | , | 7. Lease Name or Unit Agre | |
| (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.) | | | Dodd Federal Unit | |
| 1. Type of Well: Oil Well Gas Well Other WIW | | | 8. Well Number | |
| 2. Name of Operator | 6 | UUL | 9. OGRID Number | |
| Marbob Energy Corporation OCD-ARTES 14049 | | | | |
| 3. Address of Operator PO Box 227, Artesia, NM 88211-0227 | | | 10. Pool name or Wildcat Grbg Jackson SR Q Grbg SA | |
| 4. Well Location | | | | |
| Unit LetterD: | 125feet from theNorth | line and | 25feet from theWe | estline |
| Section 14 | Township 17S Range | | MPM Eddy County | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3619' GL | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | |
| NOTICE OF INT | ENTION TO: | SURS | SEQUENT REPORT O | E. |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | | | | GCASING 🔲 |
| FEMPORARILY ABANDON | | | LING OPNS. P AND A | |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB | | | | |
| DOWNHOLE COMMINGLE | | | | |
| OTHER: | | OTHER: Pull 1 | ension on packer | \boxtimes |
| 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. | | | | |
| of recompletion. | | | | |
| 6/10/08 – Pull 10 pts tension on pkr. Flange up tbg. Pump 36 bbls pkr fluid down csg. Test to 320# for 30 min. Held OK. | | | | |
| (See chart attached) | | | | |
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| | • | Med for re cord | | |
| | • | NMOCD | | |
| | | PA | | |
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| Spud Date: | Rig Release Da | ite: | | |
| | | | | |
| | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | |
| | | | | |
| SIGNATURE LINE | TITLE_Pro | oduction Analyst | DATE7/1 | 4/08 |
| Type or print name Diana J. Brigg | es VE-mail address: pr | oduction@marbob.co | om PHONE: _(575) 748-3 | 3303 |
| For State Use Only | , 17-111411 4001 CSSDTC | oaaction@mai000.0 | 5 1110ND(373) /40 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| APPROVED BY: | TITLE | , | DATE | |
| APPROVED BY:Conditions of Approval (if any): | | | | |

