

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.	30-015-32640
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name NEFF'S CLOSE-OLGY FEE	
8. Well Number	1
9. OGRID Number	14049
10. Pool name or Wildcat	BLACK RIVER; MORROW

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 Gas Well Other

2. Name of Operator
 MARBOB ENERGY CORPORATION

3. Address of Operator
 PO BOX 227, ARTESIA, NM 88211-0227

4. Well Location
 Unit Letter L : 1650 feet from the SOUTH line and 660 feet from the WEST line
 Section 6 Township 24S Range 28E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3092' GL

RECEIVED

DEC 23 2003

OCD-ARTESIA

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: ACIDIZING <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.

12/4/03 - ACIDIZE MORROW ZONE @ 12391' - 12396' W/ 1000 GAL CLAY SAFE H ACID.
 ACIDIZE MORROW ZONE @ 12518' - 12542' W/ 1000 GAL CLAY SAFE H ACID.
 (GAS PRODUCTION BEFORE JOB = 1300 MCFD. AFTER JOB = 2200 MCFD)

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 12/22/03

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:

Accepted for record NMOCD