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Submit 3 Copies To Appropriate District	State of N	ovy Ma	wigo		Form C-103
Office	State of New Mexico			June 19, 2008	
<u>District I</u> 625 N French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	Julie 17, 2000	
District II	OH CONCEDU	A TION	DIVICION		5-37234
301 W Grand Ave , Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of L		
Oistrict III 000 Rio Brazos Rd, Aztec, NM 87410	1220 South St. Francis Dr.		STATE 🛛	FEE	
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lo	ease No.	
220 S. St. Francis Dr , Santa Fe, NM 7505					
	CES AND REPORTS ON	WELLS	}	7. Lease Name or Ur	nit Agreement Name
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					
DIFFERENT RESERVOIR - USE "APPLIC ROPOSALS)	CATION FOR PERMIT" (FORM C-101) FOR SUCH		Way South State Com		
	☐ Gas Well ☐ Other ☐ RECEIVED		8. Well Number		
1			111		
. Name of Operator		l M	IAR 08 2010	9. OGRID Number	0.40
. Address of Operator	ob Energy Corporation	 	· DTECIA	140 Pool name or Wi	049
PO Box 22	7, Artesia, NM 88211-022	NMC	OCD ARTESIA	Hay Hollow	Bone Spring
. Well Location	7, 1110314, 1411 00211 022	4		Tray Tronow,	
Unit Letter A: 660	feet from the	Nowth	line and 2	20 foot from the	Foot line
Section 30	Township 26S 11. Elevation (Show when		Range 28E	NMPM	Eddy County
	11. Elevation (Show when	3007'		'	
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	PLUG AND ABANDON CHANGE PLANS		SUB REMEDIAL WOR COMMENCE DRI CASING/CEMEN	LLING OPNS. P A	RT OF: TERING CASING AND A
OTHER:			OTHER: Com	nlation Operations	\boxtimes
13. Describe proposed or compl	eted operations (Clearly s	tate all i		pletion Operations	
of starting any proposed wo or recompletion.					
26/10 MIRU. Tag DVT and drill o	out.				
28/10 Perforate Bone Spring 1046	2', 10627', 10761' & 1092	5' (32).			
5/10 Acdz 10462-10925' w/1500 g	gal 7 1/2% NEFE. Frac w/36	61880 sa	and & 366216 gal fl	uid. ISIP 1287#, AIR 1	11.3 BPM.
15/10 Set 187 jts 2 7/8" J-55 tbg @) 6092'.				
16/10 Clean location.					

I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE Same	TITLE: Production Assistant	DATE: <u>3/3/10</u>				
Type or print name: Stormi Davis For State Use Only	E-mail address: sdavis@marbob.com	PHONE: <u>(575) 748-3303</u>				
APPROVED BY: Conditions of Approval (if any):	TITLE FOLD SUPONISOR	DATE 3-16-10				