State of New Mexico Form C-103 Submit 3 Copies Minerals and Natural Resources Department Revised 1-1-89 Ener to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. JUN 20**'90** B-1266 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUC BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT". OFFICE (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: G-J West Coop Unit OAS WELL WELL X OTHER 8. Well No. 2. Name of Operator Marbob Energy Corporation 63 9. Pool name or Wildcat 3. Address of Operator 82810 P. O. Drawer 217, Artesia, NM Grbg Jackson SR Q G SA 4. Well Location Unit Letter M: 330 Feet From The South Line and 330 Feet From The West County hip 17S Range 29E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) **NMPM** Eddy Township_ 3543.2' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: OTHER: 12. 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. 5-22-90 Pulled rods and tbg. RIH w/ workstring and plr and plug. Found hole in csg @ 1875-1906. 5-23-90 RIH w/ CIBP and set @ 2190. Perfed csg @ 1889-90. Had large wtr flow. Let flow to pit. 5-25-90 RIH w/SV retainer and set @ 1700'. Sqd w/200 sx Class C. 5-29-90 Drilled out cmt. Wtr flow was squeezed off. 5-30-90 Started putting well on pump. 5-31-90 Put well back on pump. Robert Chase obtained verbal approval from Mike Williams to proceed with work 5/22/90.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Production Clerk ____ pate June 20, 1990 TELEPHONE NO.748-3303 TYPEORPRINT NAME Robin Smith ORIGINAL SIGNED BY JUN 2 6 1990

(This space for State Use) MIKE WILLIAMS SUPERVISOR, DISTRICT IS

DATE

CONDITIONS OF APPROVAL, IF ANY: