

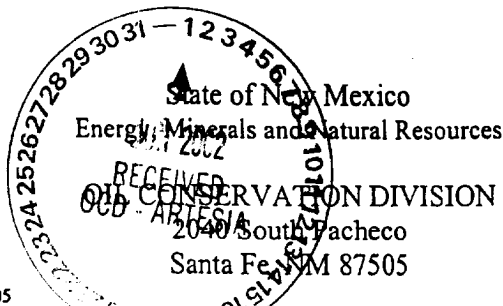
Submit 3 Copies To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 87240

District II
811 South First, Artesia, NM 87210

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
2040 South Pacheco, Santa Fe, NM 87505



Form C-103
Revised March 25, 1999

CISF
of

WELL API NO. 30-015-32280
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-1582
7. Lease Name or Unit Agreement Name: PANAGRA COM
8. Well No. 2
9. Pool name or Wildcat CARLSBAD MORROW SOUTH

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 E : 1650 feet from the NORTH line and 660 feet from the WEST line

Section 11 Township 23S Range 26E NMPM County EDDY

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3260' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: SPUD, CEMENT CASING ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

SPUD WELL @ 9:00 PM ON 5/27/02, DRLD 17 1/2" HOLE TO 444', RAN 10 JTS (449')
13 3/8" 48# H40 CSG TO 444', CMTD W/ 450 SX P+, PLUG DOWN @ 8:00 PM ON
5/28/02, CIRC 20 SX TO PIT. WOC 18 HRS, TESTED CSG TO 600# FOR 20 MIN -
HELD OK.

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 5/31/02

Type or print name DIANA J. CANNON

Telephone No. (505) 748-3303

(This space for State use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY [Signature] TITLE [Blank] DATE JUN 14 2002

Conditions of approval, if any: