Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 Revised March 25, 1999		
Energy, Minerals and Natural Resources		WELL API NO.			
1625 N. French Dr., Hobbs, NM 88240 District II		30-005-63068			
301 W. Grand Avenue, Artesia, NM 88210 UIL CONSERVATION DIVISION		5. Indicate Type of Lease			
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE X		•	
District IV Santa Fe, INIVI 8/303		6. State Oil & G			
1220 S. St. Francis Dr., Santa Fe, NM 87505	1220 S. St. Francis Dr., Santa Fe, NM 87505		B-838		
SUNDRY NOTICES AND REPORTS ON WELLS 181920 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OK BY USE BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C. 181) FOR SUCH PROPOSALS.)				Unit Agreement N	ame:
1. Type of Well: Oil Well Gas Well	Other R	P. A.	STATE CF		
2. Name of Operator MARBOB ENERGY CORPORA	rion (5	APLES !	8. Well No. 10		·
3. Address of Operator	0	No.	9. Pool name or		l
PO BOX 227, ARTESIA,	NM 88211-0227	7 N/	CHISUM; DI	EVONIAN	
4. Well Location	\$ 5	521-123			
Unit Letter C:	847 feet from the NORT		1765 feet from	n the WEST	line
Section 12	Township 11S Ra	inge 27E	NMPM	County CHAVE	s
	10. Elevation (Show whether D			County	
	3739' GL	1, 1012, 111, 01, 0			
11. Check Ap	propriate Box to Indicate N	ature of Notice.	Report or Other I	Data	····
NOTICE OF INT	+ -		SEQUENT RE		
PERFORM REMEDIAL WORK		REMEDIAL WOR		ALTERING CASIN	G
TEMPORARILY ABANDON X	CHANGE PLANS	COMMENCE DR		PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A	ND		
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.					
MARBOB ENERGY CORPORATION REQUESTS A T/A STATUS ON THIS WELL. WE WILL SUBMIT A MECHANICAL INTEGRITY TEST WHEN COMPLETED.					
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I hereby certify that the information	above is true and complete to the	hest of my knowle	dge and belief	·	
Thoroby corting that the information	1,	-	_		
SIGNATURE CONTROL SIGNATURE	TITLE	PRODUCTION	ANALYST	DATE5/21	/03
Type or print name	DIANA J. CANNON		Tele	phone No. (505)	748-3303
(This space for State use)			i .		
APPPROVED BY	TITLE			DATE	
Conditions of approval, if any:				<u> </u>	
-	1 /				