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Submit 3 Copies To Appropriate Pistrict	Form C-103
Office District 1 1625 N. French Dr., Hobbs, NN 88240 District 1 1625 N. French Dr., Hobbs, NN 88240	Revised March 25, 1999 WELL API NO.
District II	30-015-23207
District III 1000 Rio Brazos Rd., Aztec, Na 87410 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE X FEE
District IV 1220 S. St. Francis Dr., Santa Fe, MAS7505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	L-6381 7. Lease Name or Unit Agreement Name:
(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:	7. Lease Name or Unit Agreement Name:
Oil Well Gas Well X Other	CARLSBAD STATE COM
2. Name of Operator MARBOB ENERGY CORPORATION	8. Well No.
3. Address of Operator PO BOX 227, ARTESIA, NM 88211-0227	9. Pool name or Wildcat CARLSBAD; STRAWN, SOUTH (GAS)
4. Well Location	CARLSDAD; STRAWN, SOUTH (GAS)
Unit Letter E : 2140 feet from the NORTH line and 990 feet from the WEST line	
Section 16 Township 22S Range 27E	NMPM County EDDY
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3105' GL	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR	ILLING OPNS. PLUG AND
PULL OR ALTER CASING MULTIPLE CASING TEST A	ND ABANDONMENT L
OTHER: OTHER:	RECOMPLETION
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.	
TESTED THE STRAWN ZONE AS FOLLOWS:	
5/21/03 - PERF STRAWN @ 10328'-10428', 2 SPF. STRADDLE PERFS @ 10,425'-10428'.	
ACIDIZE PERFS @ 10328'-10428' W/ 1500 GAL 15% HCL ACID: FLOW/SWAB	
5/27/03 - PERF STRAWN @ 10219'-10225', 2 SPF.	
5/28/03 - ACIDIZE PERFS5@ TO219#410225*.W/O1000 GAL#15%.NEFE HCL ACID. FLOW/SWAB TEST.	
6/5/03 - SET CIBP @ 10150' & DROP 35' CMT ON PLUG. TREE UP & LEFT HANGING	
WAITING ON AFE FOR WOLFCAMP COMPLETION.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE PRODUCTION	ANALYST DATE 6/18/03
Type or print name DIANA J. CANNON	Telephone No. (505) 748-3303
ORIGINAL SIGNED BY TIM W. GUM APPPROVED BY ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR	JUN 2 6 2013
Conditions of approval if any:	DATE