

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Las Alamos, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-015-34935
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SWD 4-22-27
8. Well Number 1
9. OGRID Number 14049
10. Pool name or Wildcat SWD; Delaware

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 SWD

2. Name of Operator  
Marbob Energy Corporation

3. Address of Operator  
PO Box 227, Artesia, NM 88211-0227

4. Well Location  
Unit Letter H : 2310 feet from the North line and 1060 feet from the East line  
Section 4 Township 22S Range 27E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3100' GL

Pit or Below-grade Tank Application ☐ or Closure ☐  
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water  
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material

12. 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 COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: Name Change ☒

13. 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.

Please change the name of this well from: Compadres Fee #2

to: SWD 4-22-27 #1

Effective date: August 22, 2007

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Diana J. Briggs TITLE Diana J. Briggs DATE 8/23/07

Type or print name Diana J. Briggs E-mail address: production@marbob.com Telephone No. (505) 748-3303

For State Use Only BRYAN G. ARANT  
DISTRICT II GEOLOGIST

APPROVED BY: Bryan G. Arant TITLE District II Geologist DATE 8/23/07  
Conditions of Approval (if any):