Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 May 27, 2004	
District I 1625 N French Dr., Hobbs, NM 88240	Energy, witherars and Natural Resources		WELL API NO.	
District II 1301 W Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-26116 5. Indicate Type of Lease FEDERAL	
<u>District III</u> 1000 Rio Brazos Rd, Aztec, NM 87410	1220 South St. Francis Dr.		STATE	FEE
District IV 1220 S St Francis Dr, Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Lo	ease No.
87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or				it 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)			Chalk AKH Federal SWD	
1. Type of Well: Oil Well	Gas Well Other SW	/D	8. Well Number	
2. Name of Operator  Mart	ob Energy Corporation	APR - 3 2008	9. OGRID Number 14049	
3. Address of Operator UGU-ARIESIA			10. Pool name or Wildcat	
PO Box 227, Artesia, NM 88211-0227 SWD; Canyon				
4. Well Location	1980 feet from the	South line and	660 feet from the	e East line
Section 22	<del></del>		NMPM Eddy C	
	11. Elevation (Show wheth	er DR, RKB, RT, GR, etc.,		
Pit or Below-grade Tank Application O		3457' GL		
	nterDistance from nearest	fresh water well Dist	ance from nearest surface v	vater
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: SUBSEQUENT REPORT OF:				
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING				
TEMPORARILY ABANDON				
PULL OR ALTER CASING	MULTIPLE COMPL	] CASING/CEMEN	ГЈОВ	•
OTHER.	٢	OTHER. Mech	nanical Integrity Test	
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.				
of recompletion.		×		
2/27/08 - 3/3/08 - Repaired	tbg & tested as follows: PO	OH w/ tbg. Replaced bac	d section of tbg. Set pk	r @ 7610'. Tested
backside to 450# for 30 min, held OK. Returned well to injection. Test witnessed and chart retained by Richard				
Inge w/ OCD.				
The same is				
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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 $\square$ , a general permit $\square$ or an (attached) alternative OCD-approved plan $\square$ .				
SIGNATURE LINE	UCP TIT	LEProduction Analyst	DAT	E_4/2/08
Type or print name Diana Brig	ggs U V E-mail address:	production@marbob.com	m Telephone No.	(575) 748-3303
APPROVED BY:	TIT	f F	D	ATE
Conditions of Approval (if any):		record - NMOCD		L
	insertation (Off.			