KN

Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
Office District I	Energy, Minerals and Natural Resources		June 19, 2008
1625 N. French Dr , Hobbs, NM 88240	88240		WELL API NO.
<u>District II</u> 1301 W Grand Ave , Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-37234
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease  STATE  FEE
1000 Rio Brazos Rd, Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S St Francis Dr , Santa Fe, NM			5. 5 5 5 5 5 5 5
87505	ICES AND REPORTS ON	JWEIIS	7. Lease Name or Unit Agreement Name
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name of Ont Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FOR MOTO) FOR SUCH VED PROPOSALS)		Way South State Com	
1. Type of Well: Oil Well	Gas Well  Other	ILCLIVED	8. Well Number
	Oas well Office	MAR <b>0 8</b> 2010	1H
2. Name of Operator			9. OGRID Number
	bob Energy Corporation	NMOCD ARTESIA	14049 10. Pool name or Wildcat
3. Address of Operator PO Box 227, Artesia, NM 88211-0227		Hay Hollow; Bone Spring	
4. Well Location			
Unit Letter A: 660 feet from the North line and 330 feet from the East line			
Section 30 Township 26S Range 28E NMPM Eddy County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3007' GR			
12. 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 DRILLING OPNS.☐ P AND A ☐			
PULL OR ALTER CASING			
DOWNHOLE COMMINGLE			
OTHER	×.	OTHER:	Name Change
	oleted operations. (Clearly		d 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.			
Markak Francis Comparation requestfully requests approved for the following pages shared			
Marbob Energy Corporation respectfully requests approval for the following name change:			
From: Way South State Com #1			
To: Way South State Com #1H			
Effective Date: 8/1/09			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
La A			
SIGNATURE SIGNATURE	TITI	LE: <u>Production Assistant</u>	DATE: <u>3/3/10</u>
Type or print name: Stormi Davi	e E-mail a	ddress: sdavis@marbob.co	m PHONE: (575) 748 2202
For State Use Only	5 E-mail a	suurcas. <u>auavis(willatuuu.cu</u>	m PHONE: <u>(575) 748-3303</u>
- Or State Coo Gard	7		
APPROVED BY: ( house TITLE (100 Only			DATE 3/10/2010
Conditions of Approval (if any):		7	27. 7.0