

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, 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
June 19, 2008

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

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-103) FOR SUCH PROPOSALS)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name SRO State Unit Com
2. Name of Operator Marbob Energy Corporation	8. Well Number 4H
3. Address of Operator PO Box 227, Artesia, NM 88211-0227	9. OGRID Number 14049
4. Well Location Unit Letter <u>A</u> : <u>660</u> feet from the <u>North</u> line and <u>330</u> feet from the <u>East</u> line Section <u>16</u> Township <u>26S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	10. Pool name or Wildcat WC; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3036' GR	

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 ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: TD & Rig Release Dates ☒

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.

Date TD Reached: 2/6/10

Date Rig Released: 2/7/10

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Diana J. Briggs TITLE: Production Manager DATE: 7/20/10

Type or print name: Diana J. Briggs E-mail address: drbiggs@marbob.com PHONE: (575) 748-3303

For State Use Only

APPROVED BY: David Gray TITLE: Field Supv. DATE: 7-26-10

Conditions of Approval (if any):