CISP

DATE

Form C-103 Submit 3 Copies To Appropriate District State of New Mexico Revised March 25, 1999 Office Energy, Minerals and Natural Resources WELL API NO. District 1 1625 N. French Dr., Hobbs, NM 87240 30-015-32482 OIL CONSERVATION DIVISION District II 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 State Oil & Gas Lease No. District IV 2040 South Pacheco, Santa Fe, NM 87505 E - 6477. 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: D STATE Gas Well Other Oil Well 8. Well No. Name of Operator 6 MARBOB ENERGY CORPORATION 9. Pool name or Wildcat **Address of Operator** ARTESIA: GLORIETA-YESO 88211-0227 PO BOX 227, ARTESIA, NM Well Location : 2210 feet from the SOUTH line and 330 feet from the WEST County EDDY Township 17S Range 28E Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3620'\_GL 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. **PLUG AND CHANGE PLANS** TEMPORARILY ABANDON **ABANDONMENT** CASING TEST AND PULL OR ALTER CASING MULTIPLE **CEMENT JOB** COMPLETION OTHER: SPUD, CMT CSG OTHER: 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. SPUD WELL @ 2:00 PM ON 1/18/03, DRLD 12 1/4" HOLE TO 516', RAN 10 JTS (496') 8 5/8" 24# J55 CSG TO 511', CMTD W/ 350 SX CLASS "C", PLUG DOWN @ 5:45 AM ON 1/19/03, CIRC 95 SX TO PIT. WOC 18 HRS, TESTED CSG TO 600# FOR 20 MIN - HELD OK. I hereby certify that the information above is true and complete to the best of my knowledge and belief. 1/20/03 PRODUCTION ANALYST DATE **SIGNATURE** Telephone No. (505) 748-3303 CANNON Type or print name ORIGINAL SIGNED BY TIM W. GUM (This space for State use JAN 23 2003

APPPROVED BY

Conditions of approval, if any: