

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

CISF
OP

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-31950
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No. VC-004
Lease Name or Unit Agreement Name MUSKEGON SOUTH STATE #3
Well No. 3
Pool name or Wildcat EAST EMPIRE YESO

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.)

Type of Well:
OIL WELL GAS WELL OTHER

Name of Operator
MARBOB ENERGY CORPORATION

Address of Operator
PO BOX 227, ARTESIA, NM 88210

Well Location
Unit Letter I : 1650 Feet From The SOUTH Line and 860 Feet From The EAST Line
Section 20 Township 17S Range 29E NMPM EDDY County

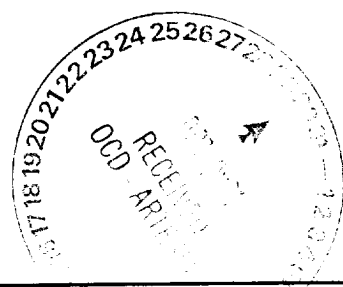
Elevation (Show whether DF, RKB, RT, GR, etc.)
3600' GR

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER: SPUD, CMT CSG <input checked="" type="checkbox"/></p>
--	---

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.

SPUD WELL @ 12:45 AM ON 10/27/01, DRLD 12 1/4" HOLE TO 194', RAN 10 JRS (441') 8 5/8" 24# CSG TO 454', CMTD W/ 350 SX P+, PLUG DOWN @ 4:00 PM ON 10/27/01, CIRC 150 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.

SIGNATURE *Diana J Cannon* TITLE PRODUCTION ANALYST DATE 10-29-01

TYPE OR PRINT NAME DIANA J. CANNON TELEPHONE NO. 505-748-3303

(This space for State Use)

APPROVED BY *[Signature]* TITLE DISTRICT II SUPERVISOR DATE NOV 05 2001

CONDITIONS OF APPROVAL, IF ANY: