

Submit 3 Copies To Appropriate District
Office

District I

1625 N. French Dr., Hobbs, NM 87240

District II

811 South First, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

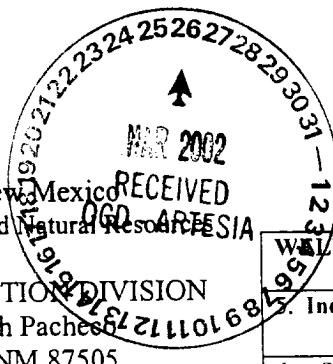
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999



CIST
AP

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: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	5. Well API NO. 30-015-31109
2. Name of Operator MARBOB ENERGY CORPORATION	6. State Oil & Gas Lease No. E-7179
3. Address of Operator PO BOX 227, ARTESIA, NM 88211-0227	7. Lease Name or Unit Agreement Name: LP STATE
4. Well Location Unit Letter <u>E</u> : <u>2310</u> feet from the <u>NORTH</u> line and <u>230</u> feet from the <u>WEST</u> line Section <u>5</u> Township <u>18S</u> Range <u>28E</u> NMPM <u>EDDY</u> County	8. Well No. <u>2</u>
9. Pool name or Wildcat ARTESIA QUEEN GRBG SA	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3649' GR</u>	

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: EXTEND APD <input checked="" type="checkbox"/>

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.

WE REQUEST A ONE YEAR EXTENSION FOR THE APD ON THE ABOVE STATED WELL.

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

SIGNATURE Diana U. Cannon TITLE PRODUCTION ANALYST DATE 3/25/02

Type or print name DIANA U. CANNON

Telephone No. 505-748-3303

(This space for State use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

MAR 29 2002

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

Conditions of approval, if any: Last Extension to 4/25/03