Submit 3 Copies To Appropriate District  Office  State of New Mexico					Form C-103
District I  1625 N. French Dr., Hobbs, NM 88240  District II			Resources	WELL API NO.	Revised June 10, 2003
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION				<b>30-015-</b> 5. Indicate Type	of Lease
District JII 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE	✓ FEE □	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Pe	-, INIVI 0730.		6. State Oil & Ga E-647	as Lease No.
SUNDRY NOTICES AND REPORTS ON WELL 36 2728 29 30 7. Lease Name or Unit Agreement Name					
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPL PROPOSALS.)	OSALS TO DRILL OR TO DEEF ICATION FOR PERMIT" (FORM	M C (01) FOR SI	UCHA \	. DAD State	24109
1. Type of Well: Oil Well Gas Well	7 Other " 149	75 JU REC	N 2004 E	8. Well Number	
2. Name of Operator	140.	OCD .	ARTESIA S	7/ 9. OGRID Numl	oer
Ma	arbob Energy Corporat	IONO		14049	
	O Box 227 tesia, NM 88211-0227	505-748-3 505-746-4	3303 2523 fax	<ol><li>Pool name or Artesia; Glorie</li></ol>	
4. Well Location		333			
Unit Letter L	2305 feet from the	e <u>South</u>	line and	330 feet from	the <u>West</u> line
Section 35		17S Rang		NMPM	County <b>Eddy</b>
	11. Elevation (Show who 3678'		B, RT, GR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF II PERFORM REMEDIAL WORK □	NTENTION TO:   PLUG AND ABANDON	ı 🗆 📗	SUB: EMEDIAL WORK	SEQUENT RE	PORT OF: ALTERING CASING
	_			<del></del>	
TEMPORARILY ABANDON				LLING OPNS.	PLUG AND  ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		ASING TEST AN EMENT JOB	1D []	
OTHER:		⊠ 0 <sup>-</sup>	THER:		
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.					
Marbob Energy Corporation proposes to change the name of this well as follows:					
From: D State No. 37					
To: DAD State No.					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
///// · // ()					
SIGNATURE / flow					DATE <u>06/27/04</u>
Type or print name <b>Melanie J. P</b> (This space for State use)	arker E-mail address:	marbob@m	arbob.com	Telephone No	. 505-748-3303
•	~q ~				
APPPROVED BYConditions of approval, if any:	Daro	TITLE			_DATE