

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, Artesia, NM 88211  
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  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

WELL API NO. 30-015-32640
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name:  NEFF'S CLOSE-ØLOGY FEE
8. Well No. 1
9. Pool name or Wildcat WILDCAT; MORROW (GAS)

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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator MARBOB ENERGY CORPORATION	
3. Address of Operator PO BOX 227, ARTESIA, NM 88211-0227	
4. Well Location Unit Letter <u>L</u> : <u>1650</u> feet from the <u>SOUTH</u> line and <u>660</u> feet from the <u>WEST</u> line Section <u>6</u> Township <u>24S</u> Range <u>28E</u> NMPM County <u>EDDY</u>	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3092' GL	

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

TD WELL @ 1:00 PM ON 4/5/03, DRLD 6 1/8" HOLE TO 12820', RAN 297 JTS (12825') 4 1/2" 11.6# P110 (MAV95) LTC CSG TO 12820', CMTD W/ 300 SX P+, PLUG DOWN @ 1:45 PM ON 4/7/03, DID NOT CIRC, TOC @ 9200' FS. WOC 18 HRS, TESTED CSG TO 1500# FOR 30 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 4/8/03  
Type or print name DIANA J. CANNON Telephone No. (505) 748-3303  
(This space for State use)

APPROVED BY For record only B4 TITLE \_\_\_\_\_ DATE APR 10 2003  
Conditions of approval, if any: