Submit 3 Copies To Appropriate District Office		State of New Mexico			Form C-103 Revised May 08, 2003	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.	Revised Way 06, 2003	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-015-32988		
District III	1220 South St. Francis Dr.			5. Indicate Type of Lease STATE FEE X		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505						
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or Unit Agreement Name		
(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				LOUICE FEE		
PROPOSALS.)				LOUISE FEE 8. Well Number		
1. Type of Well: Oil Well X Gas Well [Other RECEIVED			1		
2. Name of Operator		AUG 1 9 2004		9. OGRID Number		
MARBOB ENERGY CORPOR	RATION	ION OCD-AHTERIA		14049		
3. Address of Operator			S-AHTEBIA	10. Pool name or Wildcat		
PO BOX 227, ARTESIA 4. Well Location	NM 88211-0227	NM 88211-0227			ESPERANZA; DELAWARE	
4. Well Bookiel						
Unit Letter D	: 990 feet from the	NOR'	TH line and	990 feet fro	m the <u>WEST</u> line	
Section 10	Township	22S R	ange 27E	NMPM	County EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)						
3093 GL 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
	Appropriate Box to In NTENTION TO:	idicate N		Report or Other SEQUENT RE		
PERFORM REMEDIAL WORK		ιП	REMEDIAL WOR		ALTERING CASING	
	_				<u></u>	
TEMPORARILY ABANDON L	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AI	ND 🗆		
OTHER:			OTHER:	ADD PAY	X	
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.						
or recompletion.						
ADD PAY IN THE DELAWARE SAND ZONE AS FOLLOWS:						
8/2/04 - PERF THE DELAWARE @ 4489' - 4806' (20 SHOTS).						
8/3/04 - ACIDIZE PERFS @ 4489' - 4806' W/ 2500 GAL 7½% HCL ACID.						
SWAB WELL DRY. 8/5/04 - FRAC THE DELAWARE @ 4489' - 4806' W/ 180K# SAND.						
8/9/04 - PUT WELL ON PUMP.						
	•					
I hereby certify that the information	above is true and complet	te to the be	est of my knowledg	e and belief.		
SIGNATURE LIMA	-and	TITLE	PRODUCTION AN	IALYST	_DATE8/18/04	
Type or print name DIA	A J. CANNON			Telenh	ione No. (505) 748-3303	
(This space for State use)		í		<i>F</i>		
APPPROVED BY	RECORDS ONLY	riti e			AUG 2 3 2004	
Conditions of approval, if any:		ritle		1 to the second	_DATE	