Submit 3 Copies To Appropriate District	State of N	lew Me	xico			Form C-103
Office District I	Energy, Minerals and Natural Resources The French Dr., Hobbs, NM 88240 THE STATE OF NEW WICKING				Revi	sed May 08, 2003
District II OIL CONSERVATION DIVISION				WELL API NO. 30-015-32374		
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Type of Lease			
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE X			
District IV	Santa Fe, NM 8/505			6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505						
	CES AND REPORTS ON	WELLS		7. Lease Name o	r Unit Agr	eement 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 PROPOSALS.)				WALTERTHON FEE		
1. Type of Well:		REC	CEIVED	8. Well Number		
Oil Well Gas Well X	Other	FFD	A 0 200E	2		
2. Name of Operator			0 3 2005	9. OGRID Numb	per	
MARBOB ENERGY CORPORATION OCU-AMILSIA			14049			
1				10. Pool name or Wildcat CARLSBAD; MORROW, SOUTH		
PO BOX 227, ARTESIA, 4. Well Location	NM 88211-0227			CARLSBAD;	MORROV	, SOUTH
4. Well Location						
Unit Letter D :_	855 feet from the	NOR	TH line and	660 feet fro	m theV	VEST line
Section 21		22S Ra		NMPM	County	EDDY
	11. Elevation (Show whe)		
12 (1 1 4		15' G		D O41	D-4-	
	ppropriate Box to Ind	ncate N		-		3 5.
NOTICE OF IN			l.	SEQUENT RE		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	к 📋	ALTERIN	IG CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AI	ND 🗆
		_			ABANDO	NMENT
PULL OR ALTER CASING [MULTIPLE COMPLETION		CASING TEST AT	ND 🗆		
	COMIT EL TION		OLIVILIA TOO			
OTHER: ADD PAY		X	OTHER:			
Describe proposed or compl						
of starting any proposed wo	rk). SEE RULE 1103. Fo	or Multip	le Completions: At	ttach wellbore diag	ram of pro	posed completion
or recompletion.						
ADD MORROW SA	ND PAY AS FOLLOWS	3 •				
·						
	OW SAND @ 11466'			S). ACIDIZE	WITH	
1000 GAL CLAY	SAFE H ACID. FLO)W/SWA	B TEST.			
\mathcal{N}						
I hereby certify that the information	above is true and complete	to the b	est of my knowledg	re and helief		
1 / 0 0 0 1	//^ ~ .		, ,	•		
SIGNATURE SIGNATURE		TITLE	PRODUCTION A	NALYST	DATE_	2/2/05
Toma an aniat result				·		(#0#) =:-
Type or print name DIAN	J. CANNON			Telep	hone No.	<u>(505) 748–3</u> 30
(This space for State use)	TIM W. GUM				FED	Λ Ω 200≡
APPPROVED BYDISTE		MD F			DATE	0.8 2005
Conditions of approval, if any:	ICT II SUPERVIS	UIT			DVIR_	