

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 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

Form C-103
 Revised May 08, 2003

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-015-33399
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VA-2964
7. Lease Name or Unit Agreement Name WILLOW STATE
8. Well Number 2
9. OGRID Number 14049
10. Pool name or Wildcat WILLOW LAKE; DELAWARE, SW

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 Gas Well Other

2. Name of Operator
 MARBOB ENERGY CORPORATION

3. Address of Operator
 PO BOX 227, ARTESIA, NM 88211-0227

4. Well Location
 Unit Letter 0 : 330 feet from the SOUTH line and 2570 feet from the EAST line
 Section 3 Township 25S Range 28E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 2983' GL

RECEIVED

APR 29 2005

OOD-ARTESIA

12. 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: FRACTURING <input checked="" type="checkbox"/>	

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.

4/19/05 - FRAC WELL DOWN 5 1/2" CSG IN HORIZONTAL DELAWARE ZONE @ 5100', 5375' - 5650' W/ 74880# 16/30 BRADY SAND. AIR - 51.7 BPM, AIP - 1158#, ISIP - 500#.

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

SIGNATURE Diana J. Briggs TITLE PRODUCTION ANALYST DATE 4/28/05

Type or print name DIANA J. BRIGGS Telephone No. (505) 748-3303
 (This space for State use)

APPROVED BY FOR RECORDS ONLY DATE MAY 06 2005
 Conditions of approval, if any: