1625 N. French Dr., Hobbs, NM 88240 WELL API NO.	May 27, 2004
District II OII CONSERVATION DEVISION \$\ 30-015-32	946
1301 W. Grand Ave., Artesia, NM 88210 District III 1301 Control of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	
1220 S. St. Francis Dr., Santa Fe, NM	
87505 (2) (2) (3) (4) (693)	
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-104) FOR SUCTION SCBP STATE	nent Name
PROPOSALS.) 1. Type of Well: Oil Well	
2. Name of Operator 9. OGRID Number	
MARBOB ENERGY CORPORATION 1404	9
3. Address of Operator 10. Pool name or Wildcat	
PO BOX 227, ARTESIA, NM 88211-0227 RED LAKE; QUEEN GRBG	SAN ANDRES
4. Well Location	CT
Unit Letter J : 2210 feet from the SOUTH line and 1650 feet from the EA	
Section 2 Township 18S Range 27E NMPM County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	EDDY
3568' GL	
Pit or Below-grade Tank Application ☐ or Closure ☐	
Pit typeDepth to GroundwaterDistance from nearest fresh water well Distance from nearest surface water	
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING	
TEMPORARILY ABANDON	
PULL OR ALTER CASING	
OTHER: EFF DATE OF DOWNHOLE COMMIN	GLING 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 propos or recompletion.	ed completion
7/28/06 - EFFECTIVE DATE OF DOWNHOLE COMMINGLING	
7/28/06 - EFFECTIVE DATE OF DOWNHOLE COMMINGLING (SEE ADMINISTRATIVE ORDER #DHC-3646)	
(SEE ADMINISTRATIVE ORDER #DHC-3646)	
(SEE ADMINISTRATIVE ORDER #DHC-3646)	
(SEE ADMINISTRATIVE ORDER #DHC-3646)	ny pit or below- roved plan □.
(SEE ADMINISTRATIVE ORDER #DHC-3646) I hereby centify that the information above is true and complete to the best of my knowledge and belief. I further certify that a grade tank has been/will be constructed or closed according to NMOCD guidelines □, a general permit □ or an (attached) alternative OCD-app	roved plan .
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Conditions of Approval (if any):