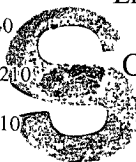


State of New Mexico
Energy, Minerals and Natural Resources



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

WELL API NO.

30-015-34353

7. Indicate Type of Lease

STATE ☐ FEE ☒

7. State Oil & Gas Lease No.

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

AUG 03 2007

3. Address of Operator

PO Box 227, Artesia, NM 88211-0227

OCD-ARTESIA

7. Lease Name or Unit Agreement Name

Walterscheid 23

8. Well Number

1

9. OGRID Number

14049

10. Pool name or Wildcat

Cass Draw; Delaware

4. Well Location

Unit Letter M : 1050 feet from the South line and 660 feet from the West line

Section 23 Township 23S Range 27E NMPM Eddy County

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

3136' GL

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type Depth to Groundwater Distance 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: Recompletion ☒

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.

Recompleted in the Delaware Sand 2 zone as follows:

7/23/07 – Set CIBP + 35' cmt @ 5500' (PBD @ 5465'). Perf the Delaware Sand 2 @ 5366' – 5382' (34 shots). Acdz w/ 750 gal NE Fe 7 ½% HCl acid.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Diana J. Briggs TITLE Production Analyst DATE 7/31/07Type or print name Diana J. BriggsEmail address: production@marbob.com

Telephone No. (505) 748-3303

For State Use Only

FOR RECORDS ONLY

APPROVED BY: _____ TITLE _____ DATE AUG 04 2007

Conditions of Approval (if any):