

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
May 27, 2004

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

WELL API NO. 30-015-32988
7. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
7. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Louise Fee
8. Well Number 1
9. OGRID Number 14049
10. Pool name or Wildcat Esperanza; Delaware

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	JUN 03 2008
2. Name of Operator Marbob Energy Corporation	OCD-ARTESIA
3. Address of Operator PO Box 227, Artesia, NM 88211-0227	
4. Well Location Unit Letter <u>D</u> : <u>990</u> feet from the <u>North</u> line and <u>990</u> feet from the <u>West</u> line Section <u>10</u> Township <u>22S</u> Range <u>27E</u> NMPM <u>Eddy</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3093' GL	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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:		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"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	Recompleted / Added Pay

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.

Added pay in the Delaware zone as follows:

5/6/08 – Set FDBP @ 4400'. Perf the Delaware 4 @ 4136' – 4351' (14 shots). Acdz w/ 1000 gal NE Fe 7 ½% HCl.
5/7/08 – Set FDBP @ 4050'. Perf the Delaware 5 @ 3688' – 3980' (20 shots). Acdz w/ 2000 gal NE Fe 7 ½% HCl.
5/10/08 – Frac the Delaware 5 perfs w/ 103520 gal of fluid & 180K# sand. AIR 50.6 BPM. AIP 1683#. ISIP 760#.
5/12/08 – Drill out FDBP's @ 4050' & 4400'. RIH to 5295' (PBTB).
5/13/08 – Return well to production.
Producing intervals: Delaware 1-5 @ 3688' – 5197' (83 holes)

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 6/2/08

Type or print name Diana J. Briggs E-mail address: production@marbob.com Telephone No. (575) 748-3303
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): Accepted for record - NMOCD