Submit 3 Copies To Appropriate District Office <u>District 1</u> 1625 N French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		APR 2 1 2009 WELL API NO.	Form C-103 June 19, 2008
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			30-015-32958 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. V-5391	
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			7. Lease Name or Unit Agreement Name Coinflip State 8. Well Number	
Name of Operator Marbob Energy Corporation Address of Operator			9. OGRID Number 14049 10. Pool name or Wildcat	
PO Box 227, Artesia, NM 88211-0227 4. Well Location			Burton Flat: Strawn East	
Unit Letter D : Section 18	990feet from theNor Township	nge 30E c, RKB, RT, GR, etc	NMPM Eddy	he West line County
12. Check A	Appropriate Box to Indicate N	lature of Notice	e, Report or Other Da	ıta
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	TENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL .	REMEDIAL WO	RILLING OPNS. P	ORT OF: .TERING CASING ☐ AND A ☐
OTHER 13. Describe proposed or comp of starting any proposed we or recompletion.	leted operations. (Clearly state all ork). SEE RULE 1103. For Multip	OTHER. pertinent details, a ple Completions: A	Recompletion and give pertinent dates, i Attach wellbore diagram	ncluding estimated date of proposed completion
Recompleted in the Strawn	zone as follows:			
3/10/09 – Set CIBP @ 1122 3/11/09 – Acdz Strawn pert 3/12/09 – RIH w/ 329 jts 2	@ 11264' – 11271' w/ 500 gal NE 25'. Atoka zone abandoned. Perf th fs w/ 3000 gal NE Fe 15% HCl acid 3/8" L80 tbg & set @ 10686'. Set oducing interval: Strawn 10760' –	e Strawn @ 10760 d. pkr @ 10667'.		ump 35' cmt on CIBP.
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Spud Date:	Rig Release D	ate:		
I hereby certify that the information	above is true and complete to the b	est of my knowled	lge and belief.	
SIGNATURE	DULLED TITLE PI	oduction Manager	nDATE	4/20/09
Type or print name Diana J. B For State Use Only	riggs B mail address: _pro	oduction@marbob	.com PHONE: _(57	75) 748-3303_
APPROVED BY: Conditions of Approval (if any)	qui TITLE (, 1edogist	DATE	4124/09