Submit 1 Copy To Appropriate District Office	State of New Me			orm C-103
Distr <b>āt I</b>	Energy, Minerals and Natu	ıral Resources		ober 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-015-37394	
1301 W Grand Ave, Artesia, NM 88210	Grand Ave, Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd, Aztec, NM 87410		STATE   FEE		
District IV Santa Fe, NW 87505		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505				
	ICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreem	nent Name
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PL	UG BACK TO A		
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS )			Boyles Fee Com	
1. Type of Well: Oil Well	Gas Well  Other		8. Well Number 1	
2. Name of Operator			9. OGRID Number	
	bob Energy Corporation		14049	
3. Address of Operator			10. Pool name or Wildcat	
PO Box 227, Artesia, NM 88211-0227			Brushy Draw; Delaware	
4. Well Location				[
Unit LetterD:	330feet from theNorth		330feet from theW	estline
Section 8	Township 26S Rang		NMPM Eddy Cour	nty
	11. Elevation (Show whether DR		)	
	2885	GR		
10 (1 1				
12. Check A	Appropriate Box to Indicate N	ature of Notice,	Report or Other Data	,
NOTICE OF IN	ITENTION TO:	SUB	SEQUENT REPORT OF:	,
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒ REMEDIAL WOR				
			ILLING OPNS. P AND A	
PULL OR ALTER CASING				
DOWNHOLE COMMINGLE				. ,
			,	_
OTHER:	oleted operations. (Clearly state all	OTHER:	d give pertinent dates, including a	estimated data
	ork). SEE RULE 19.15.7.14 NMAG			
proposed completion or rec		o. To Munipie Co	-	am 01
	•		RECE	IVED
			111202	
			AUG 2	0 2010
Marbob Energy Corporation proposes to plug & abandon this well as follows:				
1. Fill well to surface with Redimix (5.23 cu. yd.)				ARTESIA
2. Install an OCD spec dry				
			Notice Con and	
			Notify OCD 24 hrs	). Dijor
			Notify OCD 24 hrs	). Phor
	,		Notify OCD 24 hrs To any work do	S. Prior <b>Ine.</b>
			Notify OCD 24 hrs To any work do	S. Prior I <b>ne.</b>
	,		Notify OCD 24 hrs To any work do	S. Pilor <b>Ine.</b>
Spud Date:	Rig Release Da	ate:	Notify OCD 24 hrs To any work do	S. Prior <b>Ine.</b>
Spud Date:	Rig Release Da	ate:	Notify OCD 24 hrs To any work do	S. Pilor <b>Ine.</b>
			io dily work do	5. phor
Spud Date:  I hereby certify that the information			io dily work do	S. Phor
			io dily work do	S. Pilor <b>Ine.</b>
I hereby certify that the information	above is true and complete to the be	est of my knowledg	e and belief.	<b>)ne.</b>
I hereby certify that the information SIGNATURE	above is true and complete to the bo		e and belief.	<b>)ne.</b>
I hereby certify that the information  SIGNATURE  Type or print name  Diana J. B	above is true and complete to the b	est of my knowledg	e and belief.	/10
I hereby certify that the information SIGNATURE	above is true and complete to the b	est of my knowledg	e and belief.  DATE8/18	/10
I hereby certify that the information  SIGNATURE  Type or print name  Diana J. B.  For State Use Only	above is true and complete to the boriggs  TITLE Processings  E-mail address	est of my knowledg		/10
I hereby certify that the information  SIGNATURE  Type or print name  Diana J. B  For State Use Only  APPROVED BY:	above is true and complete to the boriggs  E-mail addres	est of my knowledg duction Manager s:dbriggs@mar	DATE	/10
I hereby certify that the information  SIGNATURE  Type or print name  Diana J. B.  For State Use Only	TITLE Processings E-mail address	est of my knowledg	DATE	/10