Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural R	esources October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II	= VED 1	WELL API NO. 30-015- 37234 37423
District II 1301 W. Grand Ave., Artesia, NM PEC District III	E WIE CONSERVATION DIV	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 South St. Francis Dr. Santa Fe, NM 87505		STATE X FEE
		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fel NM 87505 SUNDRY SUNDRY	ARTESIA	
SUNDRY	S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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		8. Well Number 15H
1. Type of Well: Oil Well Ga 2. Name of Operator	s well Other	9. OGRID Number
	gy Corporation	14049
3. Address of Operator		10. Pool name or Wildcat
P.O.Box 227, Artesia, NM 88211-0227		Wildcat Bone Spring
4. Well Location		
Unit LetterD:_	660feet from theNor	th line and 330 feet from the
Westline	Translation 2000 Process	20E NR/DM C E11
Section 17	Township 26S Range 1. Elevation (Show whether DR, RKB)	28E NMPM County:Eddy
	122'	The state of the s
12. Check App	propriate Box to Indicate Nature	of Notice, Report or Other Data
NOTICE OF INTE	ENTION TO:	SUBSEQUENT REPORT OF:
		AEDIAL WORK
— — — — — — — — — — — — — — — — — — —		MMENCE DRILLING OPNS. P AND A
		SING/CEMENT JOB
DOWNHOLE COMMINGLE	_	-
OTHER AND AND OLD AND	N	uro
OTHER: Name Change 13 Describe proposed or complete	od operations. (Clearly state all perting	ent details, and give pertinent dates, including estimated date
		Multiple Completions: Attach wellbore diagram of
proposed completion or recom	pletion.	
Marbob Energy Corporation respectfull	y requests approval for the following	name change:
D GDOG VIVAG WINDI		
From: SRO State Unit Com #102H To:SRO State Unit Com #15H		
10.5KO State Ont Com #1311		
·		
Spud Date:	Rig Release Date:	
I hereby certify that the information about	ve is true and complete to the best of	my knowledge and belief.
	0	
SIGNATURE DMCU T.	TITLE I	and DepartmentDATE08/09/10
Type or print nameNancy T. Agne	w E-mail address:	landtech@marbob.com PHONE: 575 748 3303
For State Use Only		
APPROVED BY:		
APPRIJUTION IN MANIA	TITLE CAMP	05/ DATE S/IIDO/O
APPROVED BY: Acom Conditions of Approval (if any):	TITLE Capolo	955 DATE 3/11/20101
Conditions of Approval (if any):	TITLE Capolo	955 DATE 3/11/20101