State of New Mexibe CEIVED Submit 3 Copies To Appropriate District Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-015-32489 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco & ZL District III STATE X 1000 Rio Brazos Rd., Aztec, NM 87410 FEE Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 E-647 SUNDRY NOTICES 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: Gas Well Oil Well Other D STATE 2. Name of Operator 8. Well No. MARBOB ENERGY CORPORATION 13 Address of Operator 9. Pool name or Wildcat PO BOX 227, ARTESIA, NM 88211-0227 ARTESIA: GLORIETA-YESO 4. Well Location 990 feet from the NORTH line and 990 feet from the EAST Section Township 17S Range 28EP County EDDY 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3669' GL 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS **PLUG AND** ABANDONMENT **PULL OR ALTER CASING** MULTIPLE CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: SPUD, CMT CSG 12. 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 recompilation. SPUD WELL @ 12:45 PM ON 2/17/03, DRLD 12 1/4" HOLE TO 525', RAN 12 JTS (507') 8 5/8" 24# J55 @SG TO 522', CMTD W/ 350 SX P+, PLUG DOWN @ 1:15 AM ON 2/18/03, CIRC 13 SX TO PIT. WOC 18 HRS, TESTED CSG TO 600# FOR 20 MIN - HELD OK. I hereby certify that the information above is true and complete to the best of my knowledge and belief. **SIGNATURE** PRODUCTION ANALYST DATE 2/19/03 DIANA CANNON Type or print name Telephone No. (505) 748-3303 (This space for State District Sy FEB 2 5 2003 APPPROVED B DATE

Conditions of approval, if any:

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