

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. 30-015-33920
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BAR W FEE
8. Well Number 3
9. OGRID Number 14049
10. Pool name or Wildcat ESPERANZA; DELAWARE
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3080' GR
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 _____

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 ☐

2. Name of Operator MARBOB ENERGY CORPORATION

3. Address of Operator P O BOX 227  
ARTESIA, NM 88211-0227

4. Well Location  
Unit Letter L : 1650 feet from the SOUTH line and 330 feet from the WEST line  
Section 10 Township 22S Range 27E NMPM EDDY County NM

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	P AND A <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	OTHER: TD CSG/CMT <input checked="" type="checkbox"/>

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.

TD WELL @8:30 AM ON 07/13/05. RAN 135 JTS (5464.53') 5 1/2" 17# J-E CSG TO 5370'.  
CMTD 1ST STG W/400 SX PB SUPER H, PD @2:15 PM ON 07/14/05, CIRC 82 SX TO PIT. CMTD  
2ND STG W/500 SX INTERFIL "C", TAILED IN W/100 SX P+, PD @9:15 PM ON 07/14/05, DID  
NOT CIRC, RUN TEMP SURVEY - TOC @500'. WOC 18 HRS, TSTD CSG TO 1500# F/30 MIN.

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 Debra L. Wilbourn TITLE GEOTECH DATE 07/15/05

Type or print name DEBORA L. WILBOURN  
For State Use Only

E-mail address: geology@marbob.com

Telephone No. 505-748-3303

APPROVED BY: FOR RECORDS ONLY TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):