Submit Copies To Appropriate District	State of New Mexico	Form C-103					
Office District I	Energy, Minerals and Natural Resources	May 27, 2004					
1625 N. French Dr., Hobbs, NM 88240	200	WELL API NO.					
District II	OIL CONSERVATION DIVISIONS	30-015-34397					
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dan	5. Indicate Type of Lease					
1000 Rio Brazos Rd., Aztec, NM 87410		STATE S FEE					
District IV	Santa Fe, NM/87505	6. State Oil & Gas Lease No.					
1220 S. St. Francis Dr., Santa Fe, NM	ARTESIA W	LG-2719					
87505 SUNDRY NOTIC	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name					
(DO NOT USE THIS FORM FOR PROPOS	7. Eduse Hame of Sint Higherment Hame						
DIFFERENT RESERVOIR. USE "APPLIC.	Blazing Saddles State Com						
PROPOSALS.)	8. Well Number 1						
1. Type of Well: Oil Well							
2. Name of Operator	9. OGRID Number						
Marbob E	14049						
3. Address of Operator	10. Pool name or Wildcat						
P.O. Box 2	Angel Ranch; Atoka-Morrow (Gas)						
4. Well Location							
Unit Letter I :	1980 feet from the South line and	660 feet from the East line					
Section 1	Township 19S Range 27E	NMPM County: Eddy					
	11. Elevation (Show whether DR, RKB, RT, GR, etc.						
3524'							
Pit or Below-grade Tank Application are							
Pit type Drilling Depth to Groundwater 1	50' Distance from nearest fresh water well Greater than 1000	y ·					
Distance from hearest surface water Greater	than 1000' Pit Liner Thickness: 12 mil Below-Grade Tank: V	colume 3000 bois; Construction Material Synthetic					
12. Check A	ppropriate Box to Indicate Nature of Notice,	Report or Other Data					
NOTICE OF IN		SEQUENT REPORT OF:					
PERFORM REMEDIAL WORK 🗌	PLUG AND ABANDON REMEDIAL WOR	· —					
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DR	·					
PULL OR ALTER CASING	MULTIPLE COMPL	T JOB 🔲					
OTUED: Entend ADD	M ATUED:						
OTHER: Extend APD	eted operations. (Clearly state all pertinent details, an	d give partinent dates, including estimated date					
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.							
or recompletion.							
Marbob Energy Corporation respe	ectfully requests a one year extension on the approv	ved APD for this well.					
PLEASE CHANGE LEASE NAME	FROM "MONGO STATE COM #1" TO "BLAZI	NG SADDLES STATE COM #1"					
	•						
I hereby certify that the information a	above is true and complete to the best of my knowledge	e and belief. I further certify that any nit 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 .					
Da	RN. 4/10FT						
SIGNATURE ///////	TITLE Land De	partment DATE 8/24/06					
Type or print name Nancy Brate	her E-mail address: landtech@marbob.com	n Telephone No. 505-748-3303					
For State Use Only	NI CI ATOTO ABTOR						
	N G. ARRANT	DATE AUG 2 9 2006					
APPROVED BY: DIST: Conditions of Approval (if any):	RICT II GEOLOGISTITLE	DATE					
('anditions at Americal (if and							

ISTRICT I

State of New Mexico

Energy, Minerals and Natural Resources Department

OCT 2 5,2005²⁵2622

Certificate No. BONALD JEDSON 3239

DISTRICT II 301 W. GRAND AVENUE, ARTESIA, MM 86210 DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV 250 S. ST. FRANCIS DR., SANTA FE, NM 87505	1220 S Santa	OUTH S Fe, New	TION DIVIS T. FRANCIS DR. Mexico 87505 REAGE DEDICATI	100	Revised and the Appropriate of State Leas	e – 4 Copies
API Number			Pool Name			
30-015-34397	70310 ANGEL RANCH; ATOKA-MO					
Property Code	BLAZ	Property Name BLAZING SADDLES STATE COM			Well Number	
OGRID No. 14049			Elevation 3524'			
		Surface	Location			
UL or lot No. Section Township	Range Lot Idn	Feet from	the North/South line	Feet from the	East/West line	County
<u>1</u> 19-S	27-E	1980	SOUTH	660	EAST	EDDY
	T	· · · · · · · · · · · · · · · · · · ·	Different From Sur		T = -	
UL or lot No. Section Township	Range Lot Idn	Feet from	the North/South line	Feet from the	East/West line	County
Dedicated Acres Joint or Infill Co	onsolidation Code Or	der No.		<u> </u>		<u> </u>
	NON-STANDARD UN	TT HAS BI	EEN APPROVED BY	OPERATO I herebe contained herein best of my known signature NANCY T Printed Nam LAND DE Title 8/25/06 Date	OR CERTIFICAT The contify the the in its true and completed and belief. CHECKER BRATCHER BRATCHER BRATCHER COR CERTIFICA	formation. ets to the