Office Office	State of New M	lexico	Form C-103
District I	Energy, Minerals and Nat	tural Resources	June 19, 2008
1625 N. French Dr , Hobbs, NM 88240 District II			WELL API NO. 30-015-35148
1301 W. Grand Ave , Artesia, NM 88210	W. Grand Ave, Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	District III 1220 South St. Francis Dr.		STATE STATE STATE
District IV	Santa Fe, NM 8	87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			VB-0814
	ICES AND REPORTS ON WELL		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLI			
PROPOSALS)	CATION FOR LEAVITY (FORM C-101)	roksoch	Myox 31 State Com
1. Type of Well: Oil Well	Gas Well Other	G 2 1 2008	8. Well Number 2
2. Name of Operator		9. OGRID Number	
Marbob Energy Corporation 3. Address of Operator		14049 10. Pool name or Wildcat	
P.O. Box 227, Artesia, NM 88211-0227			Hay Hollow; Morrow (Gas)
4. Well Location			
Unit Letter B 660' feet from the North line and 1980' feet from the East line			
Section 31	Township 25S R	Range · 28E	NMPM County Eddy
	11. Elevation (Show whether D		
3026'			
12. 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			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB 🔲
DOWNHOLE COMMINGLE			
OTHER: Extension	\boxtimes	OTHER:	·
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.			
Marbob Energy Corporation respectfully requests approval for a two year extension on the above referenced approved APD.			
SORA UNTIL PLAN			
good until 9/20/2010			
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<u></u>			
Spud Date:	Rig Release I	Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
	above is true and complete to the	best of my knowledg	e and belief.
SIGNATURE TO C TE	-		
SIGNATURE Dancy T.	above is true and complete to the		e and beliefDATE8/20/08
SIGNATURE Conce T. Type or print name Nancy T.	agnew TITLE I		DATE <u>8/20/08</u>
Type or print name Nancy T.	agnew TITLE I	Land Department	DATE <u>8/20/08</u>
	agnew TITLE I	Land Department	DATE <u>8/20/08</u>
Type or print name Nancy T.	agnew TITLE I	Land Department	DATE <u>8/20/08</u>