Submit 1 Copy To Appropriate District	of New Mexico			Form C-103 RM			
District I	als and Natural Resources		WELLADI	October 13, 2009 WELL API NO.			
1625 N French Dr., Hobbs, NM 88240 District II				WELL API	WELL API NO. 30-015-37422		
1301 W. Grand Ave, Artesia, NM 88210 OIL CONSERVATION DIVISION				5. Indicate	5. Indicate Type of Lease		
District IV 1220 South St. Francis Dr. Santa Fe, NM 87505				STATE S FEE			
District IV 1220 S St Francis Dr , Santa Fe, NM	Santa	a re, Nivi 8/	303	6. State Oil	& Gas Lease No		
87505			***************************************				
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				7. Lease Name or Unit Agreement Name SRO State Unit Com			
PROPOSALS)		, , , , , , , , , , , , , , , , , , ,		8. Well Nur	mber 3H		
	Gas Well Other	RECE	IVED	0 OCRIDI	Numbor		
Name of Operator Marbob Energy Corporation		DEC 2 1 2009		9. OGRID	9. OGRID Number 14049		
3. Address of Operator				10. Pool na	10. Pool name or Wildcat		
P.O. Box 227, Artesia, NM 8821	1-0227	NMOCD	ARTESIA	Hay	y Hollow; Bone S	pring	
4. Well Location							
Unit Letter A:	660 feet from	the <u>North</u>	line and 3	30 feet fro	om the <u>East</u>	line	
Section 18	Township 26S			NMPM	Eddy	County	
The second second	11. Elevation (Shov	v whether DR, 3126'		tc.)			
39.65 (Salatine public to Salatine Sala						Solveton to dillimit the S	
12. Check Appropriate Box to	Indicate Nature c	of Notice, R	eport or Other	· Data			
PULL OR ALTER CASING. DOWNHOLE COMMINGLE	PLUG AND ABAND CHANGE PLANS MULTIPLE_COMPL		REMEDIAL WO COMMENCE D CASING/CEME	RILLING OPNS	D ALTERING	CASING □ FLATINA□ T	
OTHER:			OTHER:	Name Change	• •		
 Describe proposed or comple of starting any proposed work proposed completion or recor 	k). SEE RULE 19.1						
Marbob Energy Corporation respectfu	lly requests approva	al for the follo	wing name chang	ge:			
From: SRO State Unit Com #101H To: SRO State Unit Com #3H							
4							
Va.			•				
Smud Data		lia Dalagga Da					
Spud Date:		Rig Release Da	ite:		~	1.0 6 . 9.6	
I hereby certify that the information al	oove is true and com	plete to the be	est of my knowle	dge and belief.			
SIGNATURE	anis,	ΓΙΤLE <u>Pro</u>	duction Assistan	<u>t</u>	_DATE <u>12/18</u>	/09	
Type or print name Stormi Davis		E-mail address	: sdavis@ma	arbob.com	_PHONE: _`575-	-748-3303	
For State Use Only	F		-		٠.		
APPROVED BY: Conditions of Approval (if any):	see your	TITLE (aclogost		DATE 1313	3104	