

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
June 19, 2008

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-33150
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 Milky Way Fee
8. Well Number 2
9. OGRID Number 14049
10. Pool name or Wildcat Esperanza; Bone Spring

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-102) FOR PROPOSALS)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	RECEIVED FEB 23 2010 ARTESIA
2. Name of Operator Marbob Energy Corporation	
3. Address of Operator PO Box 227, Artesia, NM 88211-0227	
4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>9</u> Township <u>22S</u> Range <u>27E</u> NMPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3150' GR	

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"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
	OTHER: Recompletion (Plug Back) <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.

Recompleted in the 2nd Bone Spring Sand as follows:

1/29/10 – MIRU. POOH w/ pump & rods.
2/1/10 – POOH w/ tbg.
2/2/10 – Log f/ 4500' – 7450'. Set 7" CBP @ 7450. Test to 3000# - OK. Perf the 2nd Bone Spring Sand @ 7191' – 7201' (33 shots). Acdz w/ 750 gal NE Fe 7 1/2% HCl acid.
2/6/10 – Frac w/ 103167 gal fluid & 152080# sand. AIR 40 BPM. AIP 1718#. ISIP 1639#.
2/8/10 – RIH w/ 231 jts 2 7/8" J55 tbg. Set @ 7348'.
2/9/10 – RIH w/ pump & rods. Hang well on pump. RDMO.
Producing Interval: 2nd Bone Spring Sand @ 7191' – 7201'.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Diana Briggs TITLE Production Manager DATE 2/22/10

Type or print name Diana Briggs Email address: dbriggs@marbob.com PHONE: (575) 748-3303

For State Use Only

APPROVED BY: David Gray TITLE Field supervisor DATE 2.25-10

Conditions of Approval (if any):