

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

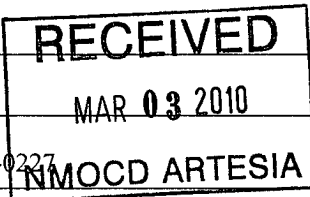
State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

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

WELL API NO. 30-015-32958
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-5391
7. Lease Name or Unit Agreement Name Coinflip State
8. Well Number 1
9. OGRID Number 14049
10. Pool name or Wildcat Wildcat; 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-101) FOR SUCH PROPOSALS)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
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>990</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>18</u> Township <u>20S</u> Range <u>30E</u> NMPM <u>Eddy</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3312' 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/> Recompletion	

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 Bone Spring Avalon Shale zone as follows:

2/4/10 - MIRU.
2/5/10 - POOH w/ pump, rods & tbg. Set FDBP @ 7400'. Perf the Bone Spring Avalon Shale @ 6602' (10 shots), 6690' (10 shots) & 6943' (10 shots), for a total of 30 shots.
2/8/10 - Acdz w/ 2500 gal NE Fe 7 1/2% HCl acid.
2/12/10 - Frac w/ 227715 gal fluid & 233600# sand. AIR 90 BPM. AIP 5170#. ISIP 2615#.
2/15/10 - Wash sand down to CBP @ 7416' (PBD).
2/16/10 - RIH w/ 217 jts 2 7/8" J55 tbg. Set @ 7035'. RIH w/ pump & rods. Hang well on pump. RDMO.
Producing Interval: Bone Spring Avalon Shale @ 6602'; - 6943'.

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

TITLE Production Manager

DATE 3/2/10

Type or print name Diana Briggs

E-mail address: dbriggs@marbob.com

PHONE: (575) 748-3303

For State Use Only

APPROVED BY

TITLE Field Supervisor

DATE 3-3-2010

Conditions of Approval (if any):