Submit 1 Copy To Appropriate District Office	State of New Mexico				Form C-103/ October 13, 2009
<u>District I</u> 1625 N. French Dr , Hobbs, NM 88240 District II	Energy, Minerals and Natural Resources			WELL API NO.	-015-24564
1301 W Grand Ave, Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			5. Indicate Type	of Lease
1000 Rio Brazos Rd, Aztec, NM 87410 District IV	Santa Fe, NM 87505			STATE 6. State Oil & Ga	FEEas Lease No.
1220 S St Francis Dr, Santa Fe, NM 87505					B-2071
	ICES AND REPORTS O		IG BACK TOP	7. Lease Name o	r Unit Agreement Name
DIFFERENT RESERVOIR USE "APPLI	PLICATION FOR PERMIT" (FORM PLOCELY ED				Phillips State
1. Type of Well: Oil Well	Gas Well Other	1	7 2010	8. Well Number	34
2. Name of Operator		1 305	D ARTESIA	9. OGRID Numb	per
3. Address of Operator	bob Energy Corporation	NWOC	DD ARTESIA	10. Pool name or	14049 Wildcat
PO Box 227, Artesia, NM 88211-0227				Artesia; Queer	n-Grayburg-San Andres
4. Well Location Unit Letter H	1725 feet from the	e North	n line and	330 feet from	n the East line
Section 27	Township 17S			leet hon NMPM Eddy	County
	11. Elevation (Show w		RKB, RT, GR, etc.,		
12. Check	Appropriate Box to Ir	ndicate Na	ature of Notice,	Report or Other	Data
NOTICE OF IN	ITENTION TO: PLUG AND ABANDON	vП	SUB REMEDIAL WOR	SEQUENT RE	PORT OF: ALTERING CASING □
TEMPORARILY ABANDON					P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL		CASING/CEMEN	Т ЈОВ 🔲	
OTHER: Recomplete-Sa	me Zone (Add Perfs)		OTHER:		П
13. Describe proposed or compost of starting any proposed we proposed completion or recomposed completion or recomposed completion.	oleted operations. (Clearlork). SEE RULE 19.15.7	y state all p	ertinent details, and		
Marbob Energy Corporation as follows: Grayburg & San Andres	n proposes to add pay in 2002' – 2147' (-	rg & San Andres zo	ones by perforating	, acidizing & testing
	2002 - 2147 ((10 311013)			<i>,</i>
Return well to production.					
					\neg
Spud Date:	Rig	Release Da	te:		

I hereby certify that the information	above is true and comple	ete to the be	st of my knowledg	e and belief.	

APPROVED BY: Dauble when TITLE Field Supervisor DATE Conditions of Approval (if any):

Diana J.\Briggs

Type or print name _ For State Use Only TITLE___Production Manager_

_DATE____7/5/10_

E-mail address: __dbriggs@marbob.com__ PHONE: _(575) 748-3303__