

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED

AUG - 3 2010

NMOCD ARTESIA

WELL API NO.

30-015-37548

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

SRO State Unit Com

8. Well Number

8H

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 ☒ Gas Well ☐ Other

2. Name of Operator

Marbob Energy Corporation

3. Address of Operator

PO Box 227, Artesia, NM 88211-0227

4. Well Location

Unit Letter P : 380 feet from the South line and 330 feet from the East line
Section 2 Township 26S Range 28E NMPM Eddy County11. Elevation (Show whether DR, RKB, RT, GR, etc.)
2946' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐OTHER: ☒

Gas Connect

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.

Well was connected to pipeline 7/28/10.

225 jts 2 7/8" J-55 6.5# tbg set @ 7150'

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

SIGNATURE

Stormi DavisTITLE: Production AssistantDATE: 7/30/10Type or print name: Stormi DavisE-mail address: sdavis@marbob.comPHONE: (575) 748-3303

For State Use Only

APPROVED BY: David GrayTITLE Field Supv.DATE 8-5-10

Conditions of Approval (if any):

CWT