

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-015-37034
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Marbob Energy Corporation		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 227, Artesia, NM 88211-0227		7. Lease Name or Unit Agreement Name MYOX 21 State Com
4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>North</u> line and <u>330</u> feet from the <u>West</u> line Section <u>21</u> Township <u>25S</u> Range <u>28E</u> NMPM Eddy County		8. Well Number 8H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3003' GR		9. OGRID Number 14049
		10. Pool name or Wildcat San Lorenzo; Bone Spring

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: Name Change <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.

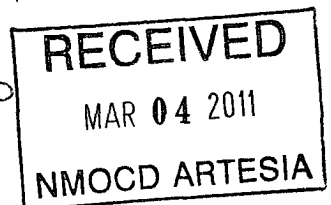
Please change the name of this well

From: MYOX 21 State #8

To: MYOX 21 State Com #8H

Effective Date: 9/1/10

OGRID 229137  
Prop Id 38521  
EFF date 9/1/2010  
Pool Code 53600



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: 9/1/10  
Type or print name: Diana J. Briggs E-mail address: dbriggs@marbob.com PHONE: (575) 748-3303  
**For State Use Only**  
APPROVED BY: Ragu R TITLE: Geologist DATE: 3/4/2011  
Conditions of Approval (if any)