Submit 3 Copies

State of New Mexico

| Form | C-103 | |
|--------|----------|--|
| Revise | d 1-1-89 | |

| to Appropriate District Office | Energy, 1 rals and Natural | Resources Department | Revised 1-1-89 | | |
|---|---|----------------------|---|--|--|
| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 | OIL CONSERVATI | | WELL API NO. | | |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | Santa Fe, New Mexic | | 30-005-63068 5. Indicate Type of Lease STATE XX FEE | | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | 6. State Oil & Gas Lease No. B-8385 | | |
| (DO NOT USE THIS FORM FOR PE DIFFERENT RESE | TICES AND REPORTS ON W ROPOSALS TO DRILL OR TO DEEP ERVOIR. USE "APPLICATION FOR I C-101) FOR SUCH PROPOSALS.) | EN OR PLUG BACK TO A | 7. Lease Name or Unit Agreement Name | | |
| OL GAS WELL X WELL | OTHER | | Property State CF Code: 6542 | | |
| 2. Name of Operator Marbob Energy Corpor | | | 8. Well No. 10 | | |
| B. Address of Operator P. O. Drawer 217, Ar | tesia, NM 82810 | | 9. Pool name or Wildcat Wildcat; Group 3 Pool Code: 96034 | | |
| 4. Well Location | | | | | |
| Unit Letter : 8 | 54/ Feet From The N | Line and | 1765 Feet From The W Line | | |
| Section 12 Township 11S Range 27E NMPM Chaves County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3739 GR | | | | | |
| | Appropriate Box to Indicat | | | | |
| NOTICE OF IN | ITENTION TO: | SUE | BSEQUENT REPORT OF: | | |
| ERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING | | |
| EMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLIN | G OPNS. PLUG AND ABANDONMENT | | |
| ULL OR ALTER CASING | | CASING TEST AND C | EMENT JOB L | | |

12. 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.

> TD 6545' 5/20/95. Ran 158 jts 5 1/2" K-55 csg to 6529', float collar @ 6508'. Cmtd w/ 100 sx 50/50 POZ & 5# NaC1 & .5% Halaid 322. Est TOC 6000'. Tstd csg @ 1500 #'s for 30 min - held OK. Plug down @ 1:10 a.m. 5/21/95.

> > RECEIVED

MAY 2 6 1995

| | OIL CON. DIV. |
|--|-----------------------------|
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | DIST. 2 |
| SIGNATURE SCOLL SMITH TIME Pro | oduction Clerk DATE 5/25/95 |
| TYPE OR PRINT NAME | TELEPHONE NO.748-3303 |
| (This space for State Use) ORIGINAL SIGNED SY TIM W. GUM | MAY 1 5 1995 |
| APPROVED BY DISTRICT IS SUPERVISOR TITLE | DATE |
| CONDITIONS OF APPROVAL, IF ANY: | |