

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St. Santa Fe, NM 87505

WELL API NO. 30-015-01572
Indicate Type of Lease STATE X FEE
State Oil & Gas Lease No. B-2071
Lease Name or Unit Agreement Name NG PHILLIPS STATE
Well No. 4
Pool name or Wildcat ARTESIA QUEEN GRBG SA
Well Location Unit Letter I 1650 Feet From The SOUTH Line and 330 Feet From The EAST Line
Section 27 Township 17S Range 28E NMPM EDDY County
Elevation (Show whether DF, RKB, RT, GR, etc.) 3663' GR

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.)

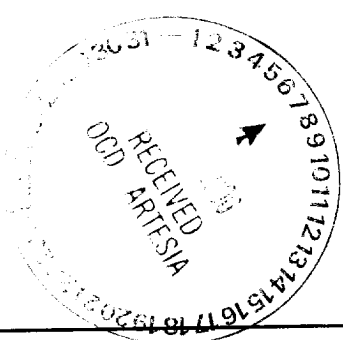
Type of Well: OIL WELL GAS WELL OTHER WIW
Name of Operator MARBOB ENERGY CORPORATION
Address of Operator P.O. BOX 227, ARTESIA, NM 88210

Well Location Unit Letter I 1650 Feet From The SOUTH Line and 330 Feet From The EAST Line
Section 27 Township 17S Range 28E NMPM EDDY County
Elevation (Show whether DF, RKB, RT, GR, etc.) 3663' GR

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK, TEMPORARILY ABANDON, PULL OR ALTER CASING, OTHER:
SUBSEQUENT REPORT OF: REMEDIAL WORK, COMMENCE DRILLING OPNS., CASING TEST AND CEMENT JOB, ALTERING CASING, PLUG AND ANBANDONMENT X

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.

6/13/00 SET 25 SX PLUG @ 2074', TAG CMT PLUG @ 813', CIRC CSG W/BRINE GEL, PERF 5 1/2" CSG @ 850', SQZ PERFS W/25 SX PP CMT, TAG CMT @ 738', PERF 5 1/2" CSG @ 559', CIRC CMT TO SURF. SET DRY HOLE MARKER, CLEAN LOCATION



I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Robin Cockrum TITLE PRODUCTION ANALYST DATE 07-06-00
TYPE OR PRINT NAME ROBIN COCKRUM TELEPHONE NO. 748-3303

(This space for State Use)
APPROVED BY Phil Hawkins TITLE Field Rep I DATE 9-27-2000
CONDITIONS OF APPROVAL, IF ANY: