Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells)
30-015-23217

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
V-176

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [ ] RE-ENTER [X] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [ ] GAS WELL [ ] OTHER P&A SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name
NEW MEXICO CY STATE

2. Name of Operator
Marbob Energy Corporation

8. Well No.
01

3. Address of Operator
P. O. Drawer 227, Artesia, NM 88210

9. Pool name or Wildcat
UNDES. YESO

4. Well Location
Unit Letter J : 1980 Feet From The S Line and 1650 Feet From The E Line

Section 23 Township 17S Range 28E NMPM EDDY County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
	UPPER PENN	ROTARY

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3692' GR	STATEWIDE	N/A	11/28/95

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	48#	380'	655 SX	
12 1/4"	8 5/8"	32#	2279'	1300 SX	
7 7/8"	5 1/2"	17#	10970'	900 SX	

NOTE: ABOVE CASINGS ALREADY EXISTING.

MARBOB ENERGY CORPORATION PROPOSES TO INSTALL WELLHEAD, DRL OUT CIBP @ 4150', 6900', & 8322' AND TEST ZONES IN THE UPPER PENN FORMATION.

RECEIVED
NOV 21 1995
OIL CONS. DIV.
DIST.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE Rhonda Nelson TITLE Production Clerk DATE 11/20/95

TYPE OR PRINT NAME TELEPHONE NO. 748-3303

(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 27 1995

CONDITIONS OF APPROVAL, IF ANY: