

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

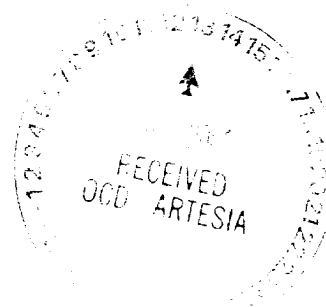
WELL API NO. 30-015-31927
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No. E-9782
Lease Name or Unit Agreement Name STATE 25
Well No. 1
Pool name or Wildcat LOGAN DRAW WOLFCAMP

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 <input checked="" type="checkbox"/> GAS WELL OTHER	
Name of Operator MARBOB ENERGY CORPORATION	
Address of Operator PO BOX 227, ARTESIA, NM 88210	
Well Location Unit Letter I 1650 Feet From The SOUTH Line and 990 Feet From The EAST Line Section 25 Township 17S Range 27E NMPM EDDY County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3586' GR	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	REMEDIAL WORK
TEMPORARILY ABANDON	ALTERING CASING
PULL OR ALTER CASING	COMMENCE DRILLING OPNS.
OTHER:	CASING TEST AND CEMENT JOB
	OTHER: SPUD CMT CSG <input checked="" type="checkbox"/>

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.

SPUD WELL @ 3:00 AM ON 8/8/01, DRLD 12 1/4" HOLE TO 398', RAN 9 JTS (379') 8 5/8" 24# J55 TO 395', CMTD W/ 300 SX P+, PLUG DOWN @ 5:15 AM ON 8/9/01, CIRC 100 SX TO PIT. WOC 18 HRS, TSTD CSG TO 600# FOR 20 MIN - HELD OK.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE <i>Diana J. Cannon</i>	TITLE PRODUCTION ANALYST	DATE 08-10-01
TYPE OR PRINT NAME DIANA J. CANNON	TELEPHONE NO. 748-3303	
(This space for State Use)		
APPROVED BY <i>[Signature]</i>	ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR	DATE AUG 15 2001
CONDITIONS OF APPROVAL, IF ANY:		