

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

WELL API NO. 30-025-34328
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VA-8888
7. Lease Name or Unit Agreement Name BRYCE STATE
8. Well No. 1
9. Pool name or Wildcat WILDCAT DEVONIAN

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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator MARBOB ENERGY CORPORATION
3. Address of Operator P. O. BOX 227, ARTESIA, NM 88210	4. Well Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>NORTH</u> Line and <u>1800</u> Feet From The <u>WEST</u> Line Section <u>2</u> Township <u>10S</u> Range <u>37E</u> NMPM LEA <u>NEEDXX</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3960' GR	

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

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.

4/30/98 DRLD 12 1/4" HOLE TO 4235', RAN 102 JTS 8 5/8" CSG TO 4235',
CMTD W/1130 SX CLASS C & 200 SX POS-PLUS, CIRC 139 SX TO SURF,
WOC 18 HRS, TSTD CSG TO 1000# FOR 30 MINUTES - HELD OK.

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

SIGNATURE Thonda Nelson TITLE Production Clerk DATE 5/4/98

TYPE OR PRINT NAME TELEPHONE NO. 748-3303

(This space for State Use)

APPROVED BY
GARY WINK
FIELD REP. N

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: