CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office					
DISTRICT I P.O. Box 1980, Hobbs, NM 88240		ATION DIVISIO	WELL API NO.		
		2040 Pacheco St. Santa Fe, NM 87505		30-025-34940	
P.O. Drawer DD, Artesia, NM 88210			₅Indicate Type of Lea	STATE FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6State Oil & Gas Lea				
SUNDRY NOT (DO NOT USE THIS FORM FOR PRODE PROPERTY OF THE SERVICE OF T	O A 7Lease Name or Uni	7Lease Name or Unit Agreement Name			
(FORM C-101) FOR SUCH PROPOSALS.) Type of Well: Oll GAS			GUS STATE		
OIL GAS WELL X					
2Name of Operator MARBOB ENERGY CORPORATI	sWell No.	1			
³ Address of Operator P.O. BOX 227, ARTESIA, NM 88210			₀Pool name or Wildo RANGER LAKI	RANGER LAKE WEST (DEV)	
4Well Location	Feet From The SOUT	ΓΗ Line and	660 Feet From The	EAST Line	
Offic Letter	10	0	34E NMPM	LEA County	
Section 27	10 Elevation (Show whe	S Range 3 ether DF, RKB, RT, GR, etc.)	NIVIFIVI		
	4153'	1 N 1	Danast or Other I	Doto	
	ppropriate Box to Indic		s, Report, or Other I SUBSEQUENT RI		
NOTICE OF IN					
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	* + + + + + + + + + + + + + + + + + + +	ALTERING CASING	
TEMPORARILY ABANDON	COMMENCE DRILLING O			PLUG AND ANBANDONMENT	
PULL OR ALTER CASING		CASING TEST AND	O CEMENT JOB		
OTHER:		OTHER: SPUD,	CMT CSG	<u> </u>	
12Describe Proposed or Completed Operation work) SEE RULE 1103.	ns (Clearly state all pertinent details	, and give pertinent dates, inclu	iding estimated date of starting	g any proposed	
,					
SPUD WELL @ 4:30 A.M. 3/11/00 PLUG DOWN @ 2:45 P.M., CIRC	. DRLD 17 1/2" HOLE TO 4: 65 SX TO SURF. WOC 18	27', RAN 10 JTS 1 <u>3 3/8"</u> HRS, TSTD CSG TO 600	_48# CSG TO 427', CM ⁻ 0# FOR 20 MINUTES -	TD W/400 SX PREM PLUS, HELD OK.	
FEOG DOWN & 2: 10 1 mm, cm 10					
			-		
I hereby certify that the information above is	s true and complete to the best of m	ny knowledge and belief.			
SIGNATURE OF CHILD	Chaum)	TITLE PRODUCTION	ON ANALYST	DATE 03-14-00	
TYPE OR PRINT NAME ROBIN COCKRU	ML			TELEPHONE NO. 748-3303	
(This space for State Use)			<u>,</u>		
		TITI F		DATE	