

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
HOBBS OGD Minerals and Natural Resources
DEC 13 2013
RECEIVED
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-06220	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Eumont Hardy Unit	
8. Well Number 007	
9. OGRID Number 151228	
10. Pool name or Wildcat Eumont; Yates, 7 Rivers, Queen	
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 type="checkbox"/> Gas Well <input type="checkbox"/> Other WIW	
2. Name of Operator Mar Oil and Gas Corporation	
3. Address of Operator PO Box 5155 Santa Fe, NM 87502	
4. Well Location Unit Letter B : 660 feet from the North line and 1980 feet from the East line Section 36 Township 20S Range 37E NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input checked="" type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations.-(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

All well fluids with be circulated to steel pit x No earthen pit will be constructed x any solids will be hauled to Sundance
Mar proposes to pull existing injection tubing and packer
Clean out well as nessecary
Run new nickel or plastic coated packer with new 2 3/8" IPC tubing
Displace casing x tubing annulus with packer fluid
Notify NMOCD of pending test
Perform MIT x 350 psi for 30 minutes
Return well to injection service

Spud Date:

Rig Release Date:

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

SIGNATURE Billy E. Prichard TITLE Field Suprv DATE 12/10/13
Type or print name Billy E. Prichard E-mail address: billy@pawllc.net PHONE: 4329347680
For State Use Only
APPROVED BY: Wah W. H. H. TITLE Compliance Officer DATE 12/16/2013
Conditions of Approval (if any):

CONDITION OF APPROVAL: Notify OCD DISTRICT OFFICE 24 HOURS prior to STARTING THE WORKOVER.

CONDITION OF APPROVAL: Operator shall give the OCD District Office 24 hour notice before running the MIT test and chart.

DEC 16 2013