

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
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

HOBBS OCD

AUG 16 2013

OIL CONSERVATION DIVISION

220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED

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.)		WELL API NO. 30-025-09902
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other WIW		7. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Mar Oil and Gas Corporation		7. State Oil & Gas Lease No.
3. Address of Operator PO Box 5155 Santa Fe, NM 87502		7. Lease Name or Unit Agreement Name Eumont Hardy Unit
4. Well Location Unit Letter F : 1980 feet from the North line and 1980 feet from the West line Section 5 Township 21S Range 37E NMPM Lea County		8. Well Number 037
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 151228
		10. Pool name or Wildcat Eumont; Yates, 7 Rvrs, Queen

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: **Return Well in injection** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☐

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.

Mar proposes to repair well by replacing packer and tubing and return to injection service
Notify NMOCD prior to MIT and Chart

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 Supervisor**

DATE

8/15/13

Type or print name **Billy E. Prichard**

E-mail address: **billy@pwllc.net**

PHONE: **4329347680**

For State Use Only

APPROVED BY:

[Signature]

TITLE

Petroleum Engineer

DATE

AUG 20 2013

Conditions of Approval (if any):

AUG 20 2013