

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  
**HOBBS OCD**  
OIL CONSERVATION DIVISION  
AUG 27 2013  
200 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

<b>RECEIVED</b>		WELL API NO. <b>30-025-06264</b>
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.)		7. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		7. State Oil & Gas Lease No.
2. Name of Operator <b>Mar Oil and Gas Corporation</b>		7. Lease Name or Unit Agreement Name <b>Eumont Hardy Unit</b>
3. Address of Operator <b>PO Box 5155 Santa Fe, NM 87502</b>		8. Well Number <b>03</b>
4. Well Location Unit Letter <b>O</b> : <b>660</b> feet from the <b>South</b> line and <b>1980</b> feet from the <b>East</b> line Section <b>25</b> Township <b>20S</b> Range <b>37E</b> NMPM <b>Lea</b> County		9. OGRID Number <b>151228</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		10. Pool name or Wildcat <b>Eumont; Yates, 7 Rvrs, Queen</b>

12. 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"/>	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 type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Return well to production <input checked="" 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.

MIRUSU 7/23/2013  
DO/CO to PBTB 3781'  
2 3/8" tbg landed at 3647'  
Install production equipment  
Waiting on electrical power

Will file C104 when pump test completed

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

8/23/13

Type or print name Billy E. Prichard

E-mail address: billy@pwllic.net

PHONE: 4329347680

For State Use Only

APPROVED BY:

*Mark Whitaker*

TITLE

Compliance Officer

DATE

09-13-2013

Conditions of Approval (if any):

SEP 16 2013