

HOBBS OCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

JAN 21 2014

RECEIVED

WELL API NO. 30-025-06422
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 035
9. OGRID Number 151228
10. Pool name or Wildcat Eumont; Yates, 7 Rivers, Queen
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 ☐ Gas Well ☐ 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 **G** : **1980** feet from the **North** line and **1980** feet from the **East** lineSection **6** Township **21S** 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:

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

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.

All well fluids will 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 necessary

Pressure test casing to 500psi

If well fails pressure test x Run and cement new 4 1/2" Flush Joint casing to PBTD 3790 feet

Perforate as necessary

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

**PROVIDE CURRENT WELLBORE DIAGRAM
WITH SUBSEQUENT C-103**

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

Foreman

DATE

1/14/14

Type or print name

Billy E. Prichard

E-mail address:

billy@pwllc.net

PHONE:

432 934 7684

For State Use Only

APPROVED BY:

Mary S. Brown

TITLE

Compliance Officer

DATE

1/22/2014

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.

JAN 23 2014