

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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised August 1, 2011

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. <b>30-025-25241</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <b>SWD</b>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator <b>Mar Oil and Gas Corporation</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>PO Box 5155 Santa Fe, NM 87502</b>		7. Lease Name or Unit Agreement Name <b>Santa Fe</b>
4. Well Location Unit Letter <b>D</b> : <b>660</b> feet from the <b>North</b> line and <b>660</b> feet from the <b>West</b> line Section <b>35</b> Township <b>10S</b> Range <b>36E</b> NMPM Lea County		8. Well Number <b>002</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <b>151228</b>
		10. Pool name or Wildcat <b>SWD; San Andres</b>

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 ☐

SUBSEQUENT REPORT OF:

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

OTHER: ☐

OTHER: Annual Test ☒

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.

Annual test - NMOCD did not witness Test date 1/19/2016

All casing valves 0 (Zero Psi) tubing slight vacuum

Press test casing x tubing annulus to 360 psi 30 minutes OK

Pressure chart enclosed

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 **1/25/16**

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

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

PHONE: **4329347680**

For State Use Only

APPROVED BY:

*Bil Serranah*

TITLE

*Staff Manager*

DATE

**1/29/16**

Conditions of Approval (if any):

FEB 01 2016

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