

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 87401  
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**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
**MAR 12 2012**

Form C-103  
Revised August 1, 2011

<b>WELL API NO.</b> <b>30-025-06265</b> ✓	
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 <b>Eumont Hardy Unit</b> ✓	
8. Well Number <b>004</b> ✓	
9. OGRID Number <b>151228</b> ✓	
10. Pool name or Wildcat <b>Eumont; Yates, 7 Rivers, Queen</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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator <b>Mar Oil and Gas Corporation</b>	
3. Address of Operator <b>PO Box 5155 Santa Fe, NM 87502</b>	
4. Well Location Unit Letter <b>P</b> : <b>660</b> feet from the <b>South</b> line and <b>660</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	
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 ☐

OTHER: **Return to Prod** ☒

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 drill out CIBP x Clean out well x Run Production equipment x Return well to production**

**Enclosed; NMOCD form C144 Clez**

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 3/7/12

Type or print name **Billy(Bill)E. Prichard**  
**For State Use Only**

E-mail address: billy@pwllc.net

PHONE: **432-934-7680**

APPROVED BY: [Signature] TITLE Staff Mgr

DATE 3-13-2012

**Conditions of Approval:**

OCD requires the Operator to complete a 24 hours production test and submit on form C-104 Request for Allowable before producing this well Accompanied by Subsequent report with dates and what was done, perms producing from, along with tubing size and depth

**MAR 13 2012**