

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

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

|   |
|---|
| WELL API NO.<br>30-025-00519  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>MalMar Unit   |
| 8. Well Number 309  |
| 9. OGRID Number<br>151228   |
| 10. Pool name or Wildcat<br>Maljamar Grayburg/ San Andres   |

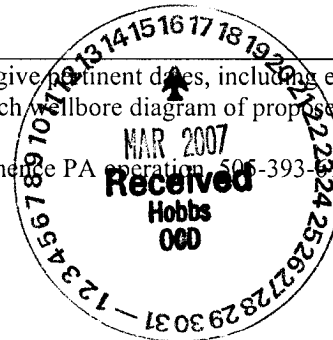
|   |  |
|---|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  |  |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>  |  |
| 2. Name of Operator<br>Mar Oil and Gas Corp   |  |
| 3. Address of Operator<br>PO Box 5155 Santa Fe, NM 87502  |  |
| 4. Well Location<br>Unit Letter <u>I</u> : 1980 feet from the <u>South</u> line and <u>660</u> feet from the <u>East</u> line<br>Section <u>12</u> Township <u>17S</u> Range <u>32E</u> NMPM Lea County |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>  |  |
| Pit type <u>Steel</u> Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water   |  |
| Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material   |  |

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 checked="" 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"/>  |
| OTHER: <input type="checkbox"/>   | OTHER: <input 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

No pits will constructed during plugging operations X Notify NMOC District 1 when commence PA operation 505-393-3561  
8 5/8" 24# Casing set at 305ft X Cmt w/ 250sx cmt X Cmt circulated  
5 1/2" 14# Casing set at 4519ft X Cmt w/ 300sx cmt X Estimated TOC 3118ft  
Perfs 4167-4271 X TS 1420ft X BS 2500ft  
MISU X NU BOP  
Run and set CIBP at 4100ft X Displace well with gelled brine water  
Spot 25sx cmt plug  
Pull tbq X perf casing at 2550ft  
Run packer X Set packer at 2100ft X Squeeze perfs with 50sx cmt X WOC  
Tag plug X Pull tbq X Perf casing at 1470ft  
Run packer X Set packer at 900ft X Squeeze perfs with 50 sx cmt X WOC  
Tag plug X Pull tbq X Perf casing at 355ft  
Circulate cement to surface Estimated at 70sx cmt  
Cut off well head and install PA marker  
RD MOSU X Cut off SU anchors X Clean and level location



THE OIL CONSERVATION DIVISION MUST  
BE NOTIFIED OF THE  
BEGINNING OF OPERATIONS.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC District 1 when commence PA operation 505-393-3561, a general permit ☐ or an (attached) alternative OGD-approved plan ☐.

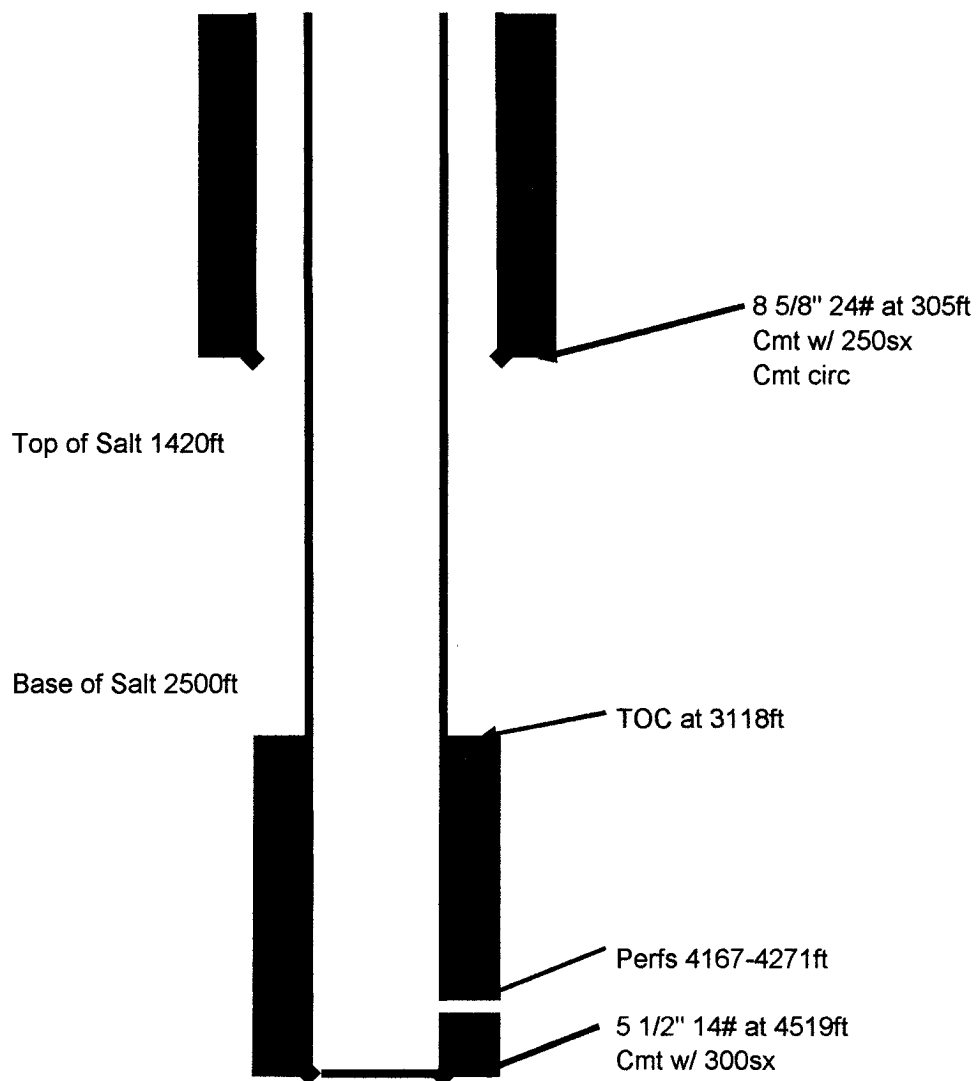
SIGNATURE Debbie McKelvey TITLE Agent DATE 3/16/07

Type or print name Debbie McKelvey email address: debmcKelvey@earthlink.net Telephone No. 505-392-3575

For State Use Only

APPROVED BY: Gary W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAR 19 2007

**MalMar Unit # 309**  
**Prior to PA**



**MalMar Unit # 309**  
**After PA**

