Submit 1 Copy To Appropriate Distri	State of	State of New Mexico		Form C-103	
Office District I – (575) 393-6161 1625 N French Dr., Hobbs, NM 88240 BBS OCCUPANT OF THE PROPERTY OF THE PR			es WELL ARINO	Revised August 1, 2011 WELL API NO.	
1625 N French Dr., Hobbs, NM 8827 <u>District II</u> – (575) 748-1283	10) DDO G G G		WELL API NO.	025-06217	
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 MAR 1 2 2012 1220 South St. Francis Dr.			5. Indicate Type o		
District III - (505) 334-6178 MAR 1 2 2012 1220 South St. Francis Dr.			STATE Z		
1000 Rio Brazos Rd , Aztec, NM 87410 District IV – (505) 476-3460 Santa Fe, NM 87505			6. State Oil & Gas		
1220 S. St. Francis Dr., Santa Fe, NM	1 RECEIVED				
	NOTICES AND REPORTS OF	JWFIIS	7 Lease Name or	Unit Agreement Name	
(DO NOT USE THIS FORM FOR P	ROPOSALS TO DRILL OR TO DEEI APPLICATION FOR PERMIT" (FORI		at Hardy Unit		
1. Type of Well: Oil Well 🔀 Gas Well 🗌 Other			8. Well Number	016 /	
2. Name of Operator			9. OGRID Numbe	ġ r	
Mar Oil and Gas Corporation			151228		
3. Address of Operator			10. Pool name or		
	anta Fe, NM 87502		Eumont; Yates, 7	Rivers, Queen	
4. Well Location					
Unit Letter I	: 1980 feet from the			ne East	
Section 36	Township			Lea County	
6	11. Elevation (Show wh	ether DR, RKB, RT, G	R, etc.)		
10 0	1 4	11 . 37		_	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR					
				P AND A	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT			EMENT JOB	_	
DOWNHOLE COMMINGLE					
	. =			_	
OTHER: Return well to		OTHER:	*11		
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.					
M. CURR (CURR (ACOUNT) D.					
Mar proposes to drill out CIBP at 3600ft x Clean out well x Run Production equipment x Return well to production					
Enclosed; NMOCD form C144 Clez					
		Γ		\neg	
Spud Date:	Rig F	telease Date:			
I hereby certify that the information	ation above is true and complet	e to the best of my kno	wledge and belief.		
2	7				
SIGNATURE Bills	E. Kruhun Title	Foreman	73.47	m 2/_/.	
SIGNATURE	Title	roreman	DA	TE 3/7/12	
Type or print name Billy(Bill)E. Prichard E-mail address: billy@pwllc.net			vilc net PHC	ONE: 432-934-7680	
For State Use Only					
19/1/5-6					
APPROVED BY TOWN STATE STATE DATE 3-13-2012					
Conditions of Approval:					
OCD requires the Operator to com	nplete a 24 hours production test				
and submit on form C-104 Reques	st for Allowable before producting				
this well. Accompanied by Subsequent report with dates and what was done, perfs producing from, along with tubing size					
and depth.	g with tubing SIZE			MAR 1 3 2012	