Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
Office District I	Energy, Minerals and Natural Resources		Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
District II	OIL CONSERVATION DIVISION		30-005-60437
1301 W. Grand Ave., Artesia, NM 88210 District III			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fran		STATE FEE X
District IV	Santa Fe, NM 87	/505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			32915
	CES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PL	UG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLIC	CATION FOR PERMIT" (FORM C-101) FO	OR SUCH	O'Brien
PROPOSALS.) 1. Type of Well:			
Oil Well Gas Well X	F	ECEIVED	
2. Name of Operator			8. Well Name: O'Brien "A" No 1
Mar Oil and Gas Corp.		NOV 1 9 2003	
3. Address of Operator	00	D-ARTESIA	9. Pool name Lost Lake, Strawn, Gas
P.O. Box 5155 Santa Fe NM 87:	502	W-AN I ESIA	
4. Well Location			
Unit Letter_B660_feet	from the North line and 1980 feet fr	om the East line	
	m 1: 00	D 000)
Section 14	Township 9S	Range 29E	NMPM County Chaves
	10. Elevation (Show whether D	K, KKB, KI, GK, etc	c.)
11. 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	·
		KEMEDIAE WOR	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	ILLING OPNS.□ PLUG AND □ ABANDONMENT
PULL OR ALTER CASING	MULTIPLE	CASING TEST A	
	COMPLETION	CEMENT JOB	· —
OTHER:		OTHER: Initiate I	Production X
		<u> </u>	-002
12. 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			
roomphation.			03,5000
Mar Oil and Gas Corp initiated prod	luction October 20, 2003		(m) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
150 mcfd, 8 bwpd			Pans 34
•			• *
I hereby certify that the information	above is true and complete to the b	est of my knowledg	ge and belief.
SIGNATURE	/ TI	TLE: VP Operatio	nna DATE (Ostabor 29, 2002
TILE. VI Operation			ons DATE :October 28, 2003
Type or print name Duane C Winkler			Telephone No.505-989-1977
(This space for State use)			· · · · · · · · · · · · · · · · · · ·
·	DR RECORDS ONLYLE		_ STORE & A AAAA
	SOF BUILDE CONTROL		DA NOV 1 3 2003
Conditions of approval, if any:	· ·		e [*]