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. 30-025-06227		
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of Lease		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE x FEE		
District IV	trict IV				6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				13988		
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.)				7. Lease Name or Unit Agreement Name:  EUMONT HARDY UNIT		
1. Type of Well:						
Oil Well Gas Well Other WIW				8. Well No. 19		
2. Name of Operator Mar Oil and Gas Corp.				G. Well No. 15		
3. Address of Operator				9. Pool name EUMONT		
P.O. Box 5155 Santa Fe NM 87502				Yates, Seven Rivers, Queen		
4. Well Location						
Unit Letter L, 1980 FSL, 660 FWL						
Section 36	Township	20S	Range 37E	NMPM	County LEA	
	10. Elevation (Show			c.)		
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:						
1101102 01 11112111011					RT OF: TERING CASING 🔲	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	и 🗆	REMEDIAL WOR	K ALI	TERING CASING []	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR		UG AND   ANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB			
OTHER:			OTHER: NON- C	•	X	
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						
recompilation.				/D	(2)	
				1/		
Well sign has been place on location						
					3± 03/	
				\{\circ}.	ر الق	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE TITLE: VP Operations DATE: March 20, 2004						
Type or print name Duane C Winkler  Telephone No.505-989-1977						
(This space for State use)						
APPPROVED BY LOUY W. WINGE FIELD REPRESENTATIVE II/STAFE MANAGER DATE MAR 3 0 2004						
Conditions of approval, if any:						