Submit 3 Copies To Appropriate District Office	Dutte of	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 District II			30-025-06224		
1301 W. Grand Ave., Artesia, NM 88210 District III District III OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410			STATE x FEE		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No. 25104		
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				7. Lease Name or Unit Agreement Name:	
PROPOSALS.) 1. Type of Well:				Eumont Hardy Unit	
Oil Well Gas Well Other WIW 2. Name of Operator				8. Well No. 13	
Mar Oil and Gas Corp.				8. Well No. 13	
3. Address of Operator				9. Pool name	
P.O. Box 5155 Santa Fe NM 87502				Eumont (Yates – Seven Rivers- Queen)	
4. Well Location					
Unit Letter H 1980 FNL, 660 FEL					
Section 36	Township	20S	Range 37E	NMPM	County LEA
10. Elevation (Show whether DR, RKB, RT, GR, etc.)					
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	K	ALTERING CASING
TEMPORARILY ABANDON [CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING [□ MULTIPLE COMPLETION □		CASING TEST AND CEMENT JOB		
OTHER:		A	OTHER: NON- Compliance 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.					
Water injection is stopped and well is being flowed back to relieve the pressure to pull the well					
MAR will repair well and notify the OCD for MIT test before injection The following work will be completed by May 15, 2004					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE COCO		TT	TLE: VP Operation	DATE	:April 7, 2004
Type or print name Duane C Winkler			Telephone No.505-989-1977		
(This space for State use)					
APPPROVED BY - Jany W. Wink ONT FIELD REPRESENTATIVE II/STAFF MANAGER 1866273					
Conditions of approval, if any: \(\frac{123}{APR} \) APR \(\frac{23}{20} \)					
				12/	Q 03/
				95.6 A	8 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				181	123 123
				15	3/2/2/2/
				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
				A 17 18 19 20 27 2	STSTITOT OF STATES