

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
Revised March 25, 1999

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

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.)		WELL API NO. 30-025-06228
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other WIW <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Mar Oil and Gas Corp.		6. State Oil & Gas Lease No. 25104
3. Address of Operator P.O. Box 5155 Santa Fe NM 87502		7. Lease Name or Unit Agreement Name: Eumont Hardy Unit
4. Well Location Unit Letter F 1980 FNL, 1980 FWL		8. Well No. 11
Section 36 Township 20S Range 37E NMPM County LEA		9. Pool name Eumont (Yates - Seven Rivers- Queen)
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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: NON- Compliance ☒

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.

There is no water being injected at the well and the existing water injection line was abandon by the previous operator

MAR is repairing the water injection line and testing

MAR will repair the well to inject water if required

The OCD will be contacted to witness the MIT

Casing valves will be installed on well head

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 DCW

TITLE : VP Operations

DATE : April 7, 2004

Type or print name Duane C Winkler

Telephone No. 505-989-1977

(This space for State use)

APPROVED BY

Duane C Winkler

TITLE

DATE APR 27 2004

Conditions of approval, if any

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

