

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

WELL API NO. 30-025-25344
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: West Sawyer
7. SFPRR No 21
9. Pool name San Andres

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.)	
1. Type of Well: Oil Well X Gas Well <i>Eng</i>	
2. Name of Operator MAR Oil & Gas Corp	
3. Address of Operator P.O. Box 5155 Santa Fe NM 87502	
4. Well Location Unit Letter: O, <i>660 / south 1980 / East</i>	
Section 27 Township 9S Range 37E NMPM County LEA	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3962 GR	

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: *WELL SIGN* ☒

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐

OTHER: *Well Sign* ☒

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.

Mar Oil and Gas Corporation has ordered new well sign, The new sign will be installed by January 25, 2005

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *DCW* TITLE: VP Operation DATE: December 28, 2004

Type or print name Duane C Winkler

Telephone No. 505-989-1977

(This space for State use)

APPROVED BY *Duane C Winkler* TITLE: *OC FIELD REPRESENTATIVE II / STAFF MANAGER* DATE: *JAN 10 2005*

Conditions of approval, if any.