

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

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

Form C-103  
Revised March 25, 1999

WELL API NO. 30-025-06228	
5. Indicate Type of Lease STATE X FEE	
6. State Oil & Gas Lease No. 25104	
7. Lease Name or Unit Agreement Name:  Eumont Hardy Unit	
8. Well No. 11	
9. Pool name Eumont: Yates Seven Rivers Queen	
4. Well Location  Unit Letter F Section 36 Township 20S Range 37E NMPM County LEA  1980' NL 1980' WL	
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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: repair WIW X		OTHER:	

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.

On July 26, 2005 well failed annual IMIT, MAR has full intentions to repair well and activate injection. MAR is on a waiting list with contractors and when a rig and equipment is available the well will be repaired.

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

SIGNATURE du TITLE : VP Operations DATE : August 5, 2005

Type or print name Duane C Winkler

Telephone No. 505-989-1977

(This space for State use)

APPROVED BY Gary W. Winkler TITLE

DATE

Conditions of approval, if any:

ORIGINAL SIGNED BY  
GARY W. WINK

OC FIELD REPRESENTATIVE NATURE MANAGER

