

Submit 1 Copy To Appropriate District Office

District I -- (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II -- (575) 748-1283
811 S. First St., Artesia, NM 88210
District III -- (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV -- (505) 476-3460
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 August 1, 2011

WELL API NO. 06264 30-025-6264	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Eumont Hardy Unit ✓	
8. Well Number 003 ✓	
9. OGRID Number 151228 ✓	
10. Pool name or Wildcat Eumont; Yates, 7 Rivers, Queen	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

RECEIVED
MAR 12 2012
HOBBS OCD

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 ☒ Gas Well ☐ Other ☐

2. Name of Operator
Mar Oil and Gas Corporation

3. Address of Operator
PO Box 5155 Santa Fe, NM 87502

4. Well Location
Unit Letter **O** : **660** feet from the **South** line and **1980** feet from the **East** line
Section **25** Township **20S** Range **37E** NMPM **Lea** County

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: **Return to Prod.** ☒

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Mar proposes to drill out CIBP x Clean out well x Run Production equipment x Return well to production

Enclosed; NMOCD form C144 Clez

Spud Date:

Rig Release Date:

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

SIGNATURE

Billy E. Prichard

Title **Foreman**

DATE **3/7/12**

Type or print name **Billy(Bill)E. Prichard**

E-mail address: **billy@pwlle.net**

PHONE: **432-934-7680**

For State Use Only

APPROVED BY:

[Signature]

TITLE

STAFF MGR

DATE **3-13-2012**

Conditions of Approval:

OCD requires the Operator to complete a 24 hours production test and submit on form C-104 Request for Allowable before producing this well. Accompanied by Subsequent report with dates and what was done, perms producing from, along with tubing size and depth

MAR 13 2012