

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

HOBBS OCD

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.  
 Santa Fe, NM 87505

MAR 1 2 2012

RECEIVED

WELL API NO.

30-025-06266

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

Eumont Hardy Unit

8. Well Number 001

9. OGRID Number

151228

10. Pool name or Wildcat

Eumont; Yates, 7 Rivers, Queen

## 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 ☐ WIW

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 M

: 660

feet from the South line and 660

feet from the West line

Section 25

Township 20S

Range 37E

NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

## 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 ☐OTHER: Convert to Producer ☒

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐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 convert the EHU #1 from TA injection well to active oil producer

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

Enclosed; NMOCD form C144 Clez

## 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, perfs producing from, along with tubing size and depth

Plus C-105 &amp; C-102

Spud Date:

WELLBORE DIAGRAM

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 ForemanDATE 3/7/12

Type or print name Billy(Bill)E. Prichard

E-mail address: billy@pwllc.net

PHONE: 432-934-7680

For State Use Only

APPROVED BY [Signature] TITLE STAFF MGRDATE 3-13-2012

Conditions of Approval (if any):

MAR 13 2012