

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

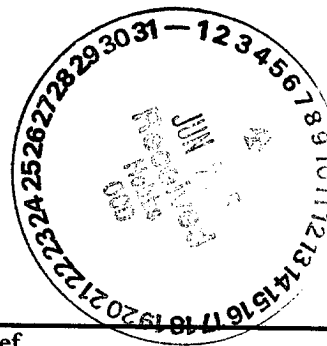
WELL API NO. 30-025-09902
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 25104

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 <input checked="" type="checkbox"/> Water Injection Well		7. Lease Name or Unit Agreement Name: Eumont Hardy Unit
2. Name of Operator Mar Oil and Gas Corp.		8. Well No. 37
3. Address of Operator P.O. Box 5155 Santa Fe NM 87502		9. Pool name Eumont: Yates Seven Rivers Queen
4. Well Location Unit Letter F 1980' FNL, 1980 FWL Section 5 Township 21S Range 37E NMPM County LEA		
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,479 GR		

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: activate WIW <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

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.

The well is an inactive WIW
Intent to repair well and start injection by June 2005



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 : June 7, 2005

Type or print name Duane C Winkler Telephone No. 505-989-1977

(This space for State use)

APPROVED BY Gayle Winkler TITLE FIELD REPRESENTATIVE II / STAFF MANAGER DATE _____
Conditions of approval, if any:

JUN 09 2005