

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  
**HOBBS OCD**  
 OIL CONSERVATION DIVISION  
 AUG 16 2013  
 220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <b>WIW</b>		WELL API NO. <b>30-025-09902</b>
2. Name of Operator <b>Mar Oil and Gas Corporation</b>		7. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator <b>PO Box 5155 Santa Fe, NM 87502</b>		7. State Oil & Gas Lease No.
4. Well Location Unit Letter <b>F</b> : <b>1980</b> feet from the <b>North</b> line and <b>1980</b> feet from the <b>West</b> line Section <b>5</b> Township <b>21S</b> Range <b>37E</b> NMPM <b>Lea</b> County		7. Lease Name or Unit Agreement Name <b>Eumont Hardy Unit</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		8. Well Number <b>037</b>
		9. OGRID Number <b>151228</b>
		10. Pool name or Wildcat <b>Eumont; Yates, 7 Rvrs, Queen</b>

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> 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 COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <b>Return Well in injection</b> <input checked="" type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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 repair well by replacing packer and tubing and return to injection service  
 Notify NMOCD prior to MIT and Chart**

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 **Field Supervisor** DATE 8/15/13

Type or print name **Billy E. Prichard** E-mail address: **billy@pwllc.net** PHONE: **4329347680**

**For State Use Only**  
 APPROVED BY: [Signature] TITLE **Petroleum Engineer** DATE **AUG 20 2013**

Conditions of Approval (if any):

AUG 20 2013