

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  
 HOBBS OGD, Minerals and Natural Resources  
 CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
 RECEIVED  
 DEC 19 2013

Form C-103  
 Revised July 18, 2013

WELL API NO. <b>30-025-06220</b>	
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 <b>Eumont Hardy Unit</b>	
8. Well Number <b>007</b>	
9. OGRID Number <b>151228</b>	
10. Pool name or Wildcat <b>Eumont; Yates, 7 Rivers, Queen</b>	
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> <b>WIW</b>	
2. Name of Operator <b>Mar Oil and Gas Corporation</b>	
3. Address of Operator <b>PO Box 5155 Santa Fe, NM 87502</b>	
4. Well Location Unit Letter <b>B</b> : <b>660</b> feet from the <b>North</b> line and <b>1980</b> feet from the <b>East</b> line Section <b>36</b> Township <b>20S</b> Range <b>37E</b> NMPM <b>Lea</b> 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 <input checked="" 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 checked="" type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: 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.

All well fluids with be circulated to steel pit x No earthen pit will be constructed x any solids will be hauled to Sundance  
 Mar proposes to pull existing injection tubing and packer  
 Clean out well as nessecary  
 Run new nickel or plastic coated packer with new 2 3/8" IPC tubing  
 Displace casing x tubing annulus with packer fluid  
 Notify NMOCD of pending test  
 Perform MIT x 350 psi for 30 minutes  
 Return well to injection service

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 Suprv DATE 12/10/13  
 Type or print name Billy E. Prichard E-mail address: billy@pwlle.net PHONE: 4329347680  
 For State Use Only  
 APPROVED BY: Wah W. H. [Signature] TITLE Compliance Officer DATE 12/16/2013  
 Conditions of Approval (if any):

CONDITION OF APPROVAL: Notify OCD DISTRICT OFFICE 24 HOURS prior to STARTING THE WORKOVER.

CONDITION OF APPROVAL: Operator shall give the OCD District Office 24 hour notice before running the MIT test and chart.

DEC 16 2013