Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 Revised March 25, 1999
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		30-025-25241	
District III 1220 South St. Francis Dr.		5. Indicate Type of Lease  STATE x FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV  1220 S. St. Francis Dr., Santa Fe, NM 87505  Santa Fe, NM 87505		6. State Oil & Gas Lease No. 025964	
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:			7. Lease Name or Unit Agreement Name: West Sawyer
Oil Well Gas Well Salt Water Disposal Well XXX  2. Name of Operator			7. Santa Fe No 2
MAR Oil and Gas Corp			9. Pool name San Andres
3. Address of Operator P.O. Box 5155 Santa Fe NM 87	502		9. Pool name San Andres
4. Well Location			
Unit Letter: D, 660 FNL, 660 FWL			
Section 35	Township 10S	Range 36E	NMPM County LEA
10. Elevation (Show whether DR, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN PERFORM REMEDIAL WORK □	NTÉNTION TO: PLUG AND ABANDON □	SUE REMEDIAL WOR	SSEQUENT REPORT OF: RK
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE  COMPLETION	CASING TEST A CEMENT JOB	
OTHER:		OTHER: MIT Tes	st X 🗆
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.			
Mar Oil and Gas Corp replace the packer in the well.  Notified OCD for MIT test, Completed MIT test and started injecting produce water into original perfs.  OCD Bill Pritchard witnessed the test August 12, 2003			
OCD Bin Frichard witnessed the test August 12, 2003			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Juane	Weibler T	ITLE: VP Operation	DATE: August 13, 2003
Type or print name Duane C Winkl	er		Telephone No.505-989-1977
(This space for State use)	, , \		4410
APPPROVED BY HOUSE TITLE Conditions of approval, if any:  Conditio			
			AUG 2003  FLULIVED  Hobbs  OCD

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