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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
May 27, 2004

WELL API NO. **30-025-04434**

5. Indicate Type of Lease STATE **X** ☐ FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: **Eumont Hardy Unit**

1. Type of Well: Oil Well ☐ Gas Well ☐ Other **INJECTOR**

8. Well Number **#032**

2. Name of Operator: **Mar Oil and Gas Corp**

9. OGRID Number **151228**

3. Address of Operator: **PO Box 5155 Santa Fe, NM 87502**

10. Pool name or Wildcat: EUMONT;YATES-7 RVRS-QUEEN

4. Well Location
Unit Letter **H** : **1873** feet from the **NORTH** line and **660** feet from the **EAST** line
Section **1** Township **21S** Range **37E** NMPM **LEA** County

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

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type_____ **Depth to Groundwater**_____ **Distance from nearest fresh water well**_____ **Distance from nearest surface water**_____

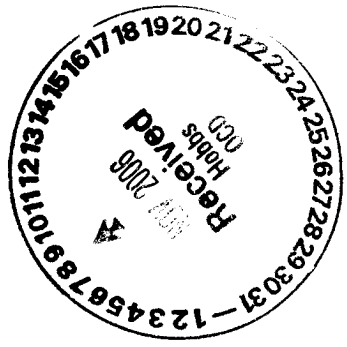
Pit Liner Thickness: _____ **mil** **Below-Grade Tank: Volume** _____ **bbls; Construction Material** _____

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
OTHER: ☐		OTHER: **RETURN TO INJECTION SERVICE** **X** ☐	

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Repair injection line at wellhead. Return well to injection service 9/29/06.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. **I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.**

SIGNATURE Debbie McKelvey TITLE **AGENT** DATE 11/6/06

Type or print name **DEBBIE MCKELVEY** Email address: debmckelvey@earthlink.net Telephone No. (505) 392-3575

For State Use Only

APPROVED BY: Gary W. Wink FIELD REPRESENTATIVE II/STAFF MANAGER DATE NOV 14 2006

Conditions of Approval (if any):