

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  
May 27, 2004

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

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.)		WELL API NO. 30-025-00534
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> WIW		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Mar Oil and Gas Corp		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 5155 Santa Fe, NM 87502		7. Lease Name or Unit Agreement Name MalMar Unit
4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>13</u> Township <u>17S</u> Range <u>32E</u> NMPM Lea County		8. Well Number <u>204</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 151228
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Maljamar Grayburg/ San Andres
Pit type <u>Steel</u> 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

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.

No pits will constructed during plugging operations X Notify NMOCD District 1 when commence PA operation 505-393-6161  
8 5/8" 24# Casing set at 300ft X Cmt w/ 250sx cmt X Cmt circulated  
5 1/2" 14# Casing set at 4398ft X Cmt w/ 300sx cmt X Estimated TOC 3081ft  
Perfs 4118-4388ft, CIBP set at 4050ft X TS 1230ft X BS 2400ft  
MISU X NU BOP  
Run tbg X tag CIBP X Displace well with gelled brine water  
Spot 25sx cmt plug  
Pull tbg X perf casing at 2450ft  
Run packer X Set packer at 2100ft X Squeeze perfs with 50sx cmt X WOC  
Tag plug X Pull tbg X Perf casing at 1200ft  
Run packer X Set packer at 900ft X Squeeze perfs with 50 sx cmt X WOC  
Tag plug X Pull tbg X Perf casing at 350ft  
Circulate cement to surface Estimated at 70sx cmt  
Cut off well head and install PA marker  
RD MOSU X Cut off SU anchors X Clean and level location

**THE OIL CONSERVATION DIVISION MUST  
BE NOTIFIED 24 HOURS PRIOR TO THE  
BEGINNING OF PLUGGING OPERATIONS.**

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 \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

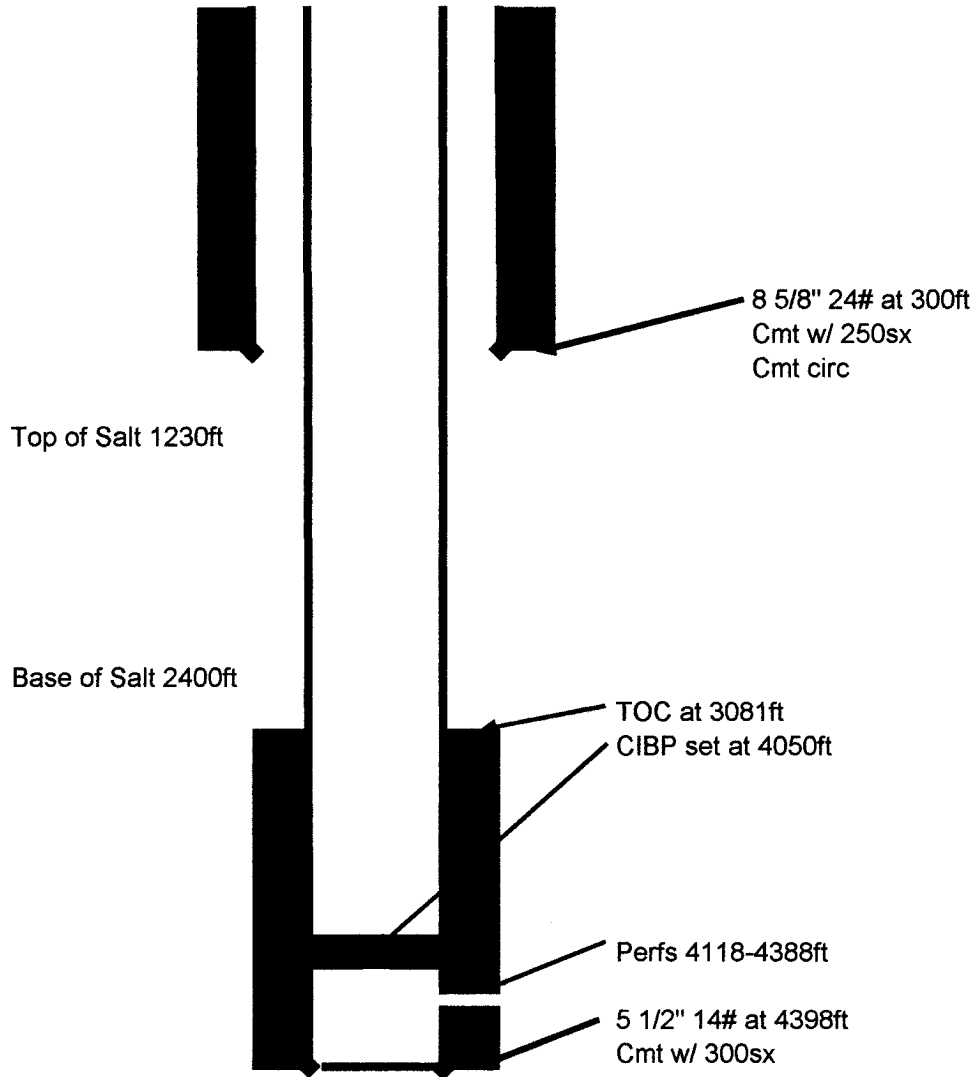
Type or print name Debbie McKelvey email address: debmckelvey@earthlink.net Telephone No. 505-392-3575

**For State Use Only**

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY: Hayden W. Wank TITLE \_\_\_\_\_ DATE MAR 19 2007

**MalMar Unit # 204**  
**Prior to PA**



**MalMar Unit # 204**  
**After PA**

