Submit 3 Copies To Appropriate District	State of New Mexico			Form C-103		
Office	Energy, Minerals and Natural Resources				May 27, 2004	
District			WELL API NO.			
1625 N. French Dr., Hobbs, NM 88240 District II ONSERVATION DIVISION				30-025-00514		
1201 W Grand Ave Artesia NM 88210				5. Indicate Type of Lease		
District III 1220 South St. Francis Dr.				STATE FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505				6. State Oil & Gas	Lease No.	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 875	505	•				
SUNDRY NO	TICES AND REPORTS	ON WELLS	3	7. Lease Name or U	Init Agreement Name:	
COONOT USE THIS FORM FOR PROP	OSALS TO DRILL OR TO DE	EEPEN OR PLU	IG BACK TO A	MalMar Unit	-	
DIFFERENT RESERVOIR. USE "APPL	JCATION FOR PERMIT" (FO	ORM C-101) FC	R SUCH			
PROPOSALS.)				8. Well No. 211		
1. Type of Well: Oil Well Gas Well Other					9. OGRID Number	
2. Name of Operator				151228		
Mar Oil and Gas Corp						
3. Address of Operator				10. Pool name or Wildcat Maljamar GB/SA		
PO Box 5155, Santa Fe	e, NM 87502			Maljai	nar GB/SA	
4. Well Location				6 . 6	at was a limb	
Unit Letter K	: 1980 feet from t		line and 19		n the West line	
Section 12	Township	17S R	ange 33E	NMPM	County Lea	
	11. Elevation (Show	whether DR,	RKB, RT, GR, etc.,)		
Pit or Below-grade Tank Appli	cation or Closure					
Pit type Depth to Gro	undwater Distanc	– ce from nearest	fresh water well	Distance from neare	st surface water	
Pit Liner Thickness:	mil Below-Grade Ta			bls; Construction Materi	al	
Pit Liner 1 mekness.	Appropriate Box to		oture of Notice	Report or Other F)ata	
12. Check	Appropriate Box to	indicate N	ature of Notice,	Report of Outer 2	'au	
NOTICE OF	INTENTION TO:		SUE	SEQUENT REF	PORT OF:	
		ON []	REMEDIAL WOR		ALTERING CASING	
PERFORM REMEDIAL WORK - 1 EDG / MED					ANDA	
TEMPORARILY ABANDON	CHANGE PLANS	H	CASING/CEMEN	T IOR	7,1107.	
PULL OR ALTER CASING	MULTIPLE	ш	CASING/CEMEN	1000		
	COMPLETION					
OTUED.		П	OTHER:			
OTHER: 13. Describe proposed or complete.	L. I. (Classic	· state all nev		ive pertinent dates in	cluding estimated date of	
13. Describe proposed or compl	eted operations. (Clearly	y State all per	mnistions: Attach	wellhore diagram of n	roposed completion or	
starting any proposed work)	. SEE RULE 1103. For	Munipie Co	inplenons. Auden	wettoore diagram or b	toposed compression of	
recompletion.		L44 3 C 3.	dil collors Cloop o	ust to 4050		
4/25/07 to 5/09/07 MIRU rig at	ad reverse unit, Pick up	DIT ABO O UI	Cinculated halo	w/ mud laiden fluid]	POH SDEN	
5/10/07 Spot 25 sx plug @ 4050). WOC 4hrs. Tagged p	lug @ 3900°	. Circulated noie	W/ III UU IAIGEN TIUIG.	OH SDIN.	
5/11/07 Perf. csg @ 2450. RIH	w/ packer and Sqz. 50	sx cement.	DFN.	1 C 0001 Cmm E0	aw coment DOU SDEN	
5/14/07 Tagged plug @ 2080'.	POH. WIH and Perf. c	sg @ 1200'.	KIH w/ packer and	a set @ 900'. Sqz. Sv	sx cement. Post SDEN.	
5/15/07 Tagged plug @ 895'. \	WIH w/ wireline and pe	rf csg. @ 35	b', Circulated 103	sx cement around to	Suriace. Cut on wen	
head and Weld on Dry Hole M	larker.					
5/16/07 Rigged down and move	ed off.				6031-1-	
				(2)	\$ 500 cm	
				\n\00000		
				/ý	2 5	
				132425262	and the are	
				25	This is a	
				4	Received	
				/2	Hobbs	
.v				15%	OCD A	
*9				1,61		
I hereby certify that the information	above is true and complete	to the best of	my knowledge and be	elief. I further certify une	rany pit or below-weave tall	
has been/will be constructed or clos	ed according to NMOCD gr	uidelines 🔲,	a general permit 🔲 o	r an (attached) alternativ	e ege Lappraven pran	
// ·	0//0)	Foreman		5/29/2007	
SIGNATURE SULL	. Z. Kulun	TITLE			DATE 5/29/2007	
		shabiliron	01@warpdriveonlin	ne.com	SIE 505-390-9100	
Type or print name Billy E. Pri	ichard ,	E-mail add	lress:	TIVE ILISTAFFEMAN	OHe 176:505-390-9100	
For State Use Only	l)	ac fii	LD REPRESENT	/114 m 14 =		
and the control of	1 1 1	OC 13	-			
APPROVED BY AM	W. Winds	TITLE			DATE	
Conditions of Approval (if any)			\		IIIN O A son	
Continues of Apployal (if any)	/•			by Forms On-A-Disk · (214		