

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)</p>		<p>WELL API NO. <b>30-025-01470</b></p>
<p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2. Name of Operator <b>Mar Oil and Gas Corp</b></p>		<p>6. State Oil &amp; Gas Lease No.</p>
<p>3. Address of Operator <b>PO Box 5155, Santa Fe, NM 87502</b></p>		<p>7. Lease Name or Unit Agreement Name: <b>MalMar Unit</b></p>
<p>4. Well Location Unit Letter <b>D</b> : <b>660</b> feet from the <b>North</b> line and <b>660</b> feet from the <b>West</b> line Section <b>18</b> Township <b>17S</b> Range <b>33E</b> NMPM County <b>Lea</b></p>		<p>8. Well No. <b>104</b></p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>		<p>9. OGRID Number <b>151228</b></p>
<p><b>Pit or Below-grade Tank Application</b> <input type="checkbox"/> <b>or Closure</b> <input type="checkbox"/></p>		<p>10. Pool name or Wildcat <b>Maljamar Grayburg / San Andres</b></p>
<p>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 _____</p>		

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

<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input 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 COMPLETION <input type="checkbox"/></p>		<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>          COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/>          CASING/CEMENT JOB <input type="checkbox"/></p>	
<p>OTHER: <input type="checkbox"/></p>		<p>OTHER: <input type="checkbox"/></p>	

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.

6/03/07 MIRU

6/05/07 Picked up 33 jts. tbg. Tagged solid. Shut down wait on reverse rig.

6/06/07 Started drilling @ 515 ft. Made 5 feet all day. POH. SDFN.

6/07/07 Picked up collars. Drilled all day made 2 ft.

6/08/07 Started drilling. Drilled all day. POH w/ tbg. collars and mill. Mill worn out. SDFN

6/11/07 Per Billy Pritchard/OCD, RIH w/ 300' packer and tbg. Pumped into w/ 40 bbls. brine. OCD ok'd to sqz. w/ 300 sx. SDFN

6/12/07 Sqz w/ 280 sx. cement. Unset packer. WIH and tagged cement @ 300'. Set packer and pressured up to hold cement. SDFN.

6/13/07 Opened well. Well flowing. WIH w/ tbg. No Tag. Set packer and Sqz. 100 sx cement. SDFN.

6/14/07 Tagged plug @ 390 ft. Perf. csg. @ 350. Could not sqz. RIH w/ tbg. to 350' Pumped 40 sx. cement to surface. WOC.

Cement did not drop. Rig down. Cut off wellhead. Weld on Dry hole marker. Move off.

approved as to plugging of the Well Bore.  
liability under bond is retained until  
surface restoration is completed.

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 Billy E. Pritchard TITLE Foreman DATE 6/27/07

Type or print name Billy E. Pritchard E-mail address: billyp@marog.com Telephone No. 390-9100  
For State Use Only

APPROVED BY Harry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUN 28 2007  
Conditions of Approval (if any)