CHNDV	MOTICES AND DE	DARTE AN	WELLO	J. Lasc sur		
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3150-3 (APD) for such proposals				6. If Indian	6. If Indian, Allottee or Tribe Name	
abandoned w	rell. Use Form 3160 - 3 ((APD) for suc	h proposalsU\L)-HOBI	33	
SUBMIT IN TRIPLICATE- Other instructions on reverse side. 1. Type of Well					7. If Unit or CA/Agreement, Name and/or No. 8910088560	
1. Type of Well Gas Well Other Injector					one and No.	
2. Name of Operator Mar Oil ar	nd Gas Corporation Ogri	d # 151228		Eumor 9. API W	nt Hardy Unit # 015	
k. Address PO Box 5155 Santa Fe,NM 87502		3b. Phone No (include area code) 505-989-1977			5-07865 nd Pool, or Exploratory Area	
4. Location of Well (Footage, Sec.,	T., R., M., or Survey Description)		THE PERSON OF TH	/	∕ates,Seven Rivers,Queen ✓	
1980 FSL X 660 FWL, Unit	Letter "L", Section 31, T2	0S, R38E Lea	County,NM		or Parish,. State nty, New Mexico	
12. CHECK A	PPROPRIATE BOX(ES) TO	INDICATE N	ATURE OF NOTICE,	REPORT, O	ROTHER DATA	
TYPE OF SUBMISSION	SUBMISSION TYPE OF ACTION					
Κ 1	. Acidize	Deepen	Production (Start/Resume)	Water Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat			Well Integrity	
Subsequent Report	Casing Repair Change Plans	New Constru		Abandor	Other	
Final Abandonment Notice	Convert to Injection	Plug and Aba	Water Dispos			
TA test was conducted Witnessed by Sylvia D	lickey with the NMOCD 40 psig for 30 minutes - C		nt Hardy Unit # 015		Deried	
After $\frac{7-6-0}{6}$ or plans to P &	2_ the well mu A must be subr	st be onli nitted.	ne			
LAST frod. f	Prior 8/1984					
14. I hereby certify that the fore	egoing is true and correct nail; billy@pw]c.net		Foreman			
14. Thereby certify that the fore	egoing is true and correct nail; billy@pwilc.net		itle _{Date} 9/17/2008			
14. I hereby certify that the form Name (Printed/Typed) Billy E. Prichard en	egoing is true and correct		itle _{Date} 9/17/2008	E USE		
14. Thereby certify that the form Name (Printed/Typed) Billy E. Prichard en Signature Signature Approved by Conditions of approval, if any, are certify that the applicant holds legs	egoing is true and correct nail; billy@pwilc.net Elizabete THIS SPACE FOR attached. Approval of this notical or equitable title to those rights	FEDERAL C	ont 9/17/2008 DR STATE OFFIC Title		Date: 0 CT 1 4 200	
14. Thereby certify that the form Name (Printed/Typed) Billy E. Prichard en Signature Signature Approved by Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant	egoing is true and correct nail; billy@pwilc.net THIS SPACE FOR attached. Approval of this notice al or equitable title to those rights to conduct operations thereon	FEDERAL C	one 9/17/2008 DR STATE OFFIC Title Office		Date OCT 14 200	

(Instructions on page 2)

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