

District I
1625 N. French Dr., Hobbs, NM 88240

District II
1301 W. Grand Ave., Artesia, NM 88201

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED

Minerals and Natural Resources

MAY 26 2009 CONSERVATION DIVISION

HOBBSOCD

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-06264
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Eumont Hardy Unit
8. Well Number 003
9. OGRID Number 151228
10. Pool name or Wildcat Eumont; Yates 7 Rivers Queen

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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
Mar Oil and Gas Corporation

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

4. Well Location
Unit Letter **O** : **660** feet from the **South** line and **1980** feet from the **East** line
Section **25** Township **20S** Range **37E** NMPM **Lea** County **Lea**

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

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 ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

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

OTHER: ☐

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.

Notify NMOCD of pending pressure
Pressure test well to 500 psi for 30 minutes
Resquest TA Status

DENIED

Condition of Approval: Notify OCD Hobbs office 24 hours prior to running MIT Test & Chart

Well T/A has expired. Needs to be P/A or returned to use.
5-27-09
CHL

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Billy E. Prichard

TITLE **Foreman**

DATE **5/21/2008**

Type or print name **Billy E. Prichard**

E-mail address: **billy@pwllc.net**

PHONE: **432-934-7680**

For State Use Only

APPROVED BY:

TITLE

DISTRICT 1 SUPERVISOR

DATE

MAY 27 2009

Conditions of Approval (if any):