

State of New Mexico
Energy, Minerals and Natural Resources

<p>RECEIVED CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505 JUN 22 2009 HOBBSD</p>		<p>WELL API NO. 30-025-25241 ✓</p>
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> SWD</p>		<p>5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> ✓</p>
<p>2. Name of Operator Mar Oil and Gas Corporation</p>		<p>6. State Oil & Gas Lease No.</p>
<p>3. Address of Operator PO Box 5155 Santa Fe, NM 87502</p>		<p>7. Lease Name or Unit Agreement Name Santa Fe ✓</p>
<p>4. Well Location Unit Letter D : 660 feet from the North line and 660 feet from the West line Section 35 Township 10S Range 36E NMPM Lea County</p>		<p>8. Well Number 002 ✓</p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>		<p>9. OGRID Number 151228 ✓</p>
<p>10. Pool name or Wildcat SWD; San Andres ✓</p>		

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.

Existing perforations from 4968-4998ft covered with sand
 Ran 3 1/2" 8.81# J55 SJ flush joint casing to 4932ft
 Cemented w/ 300sx Class "C" cement x cement circulated to surface
 Drilled out cement and sand to PBTD 5016ft
 Run plastic coated AD1 tension packer with 1.900 internally plastic coated tubing
 Notified NMOCD of pending test
 Circulate with packer fluid x set packer at 4893ft x pressure test to 500psi for 30 minutes
 Return well to disposal service

Enclosed original pressure chart

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

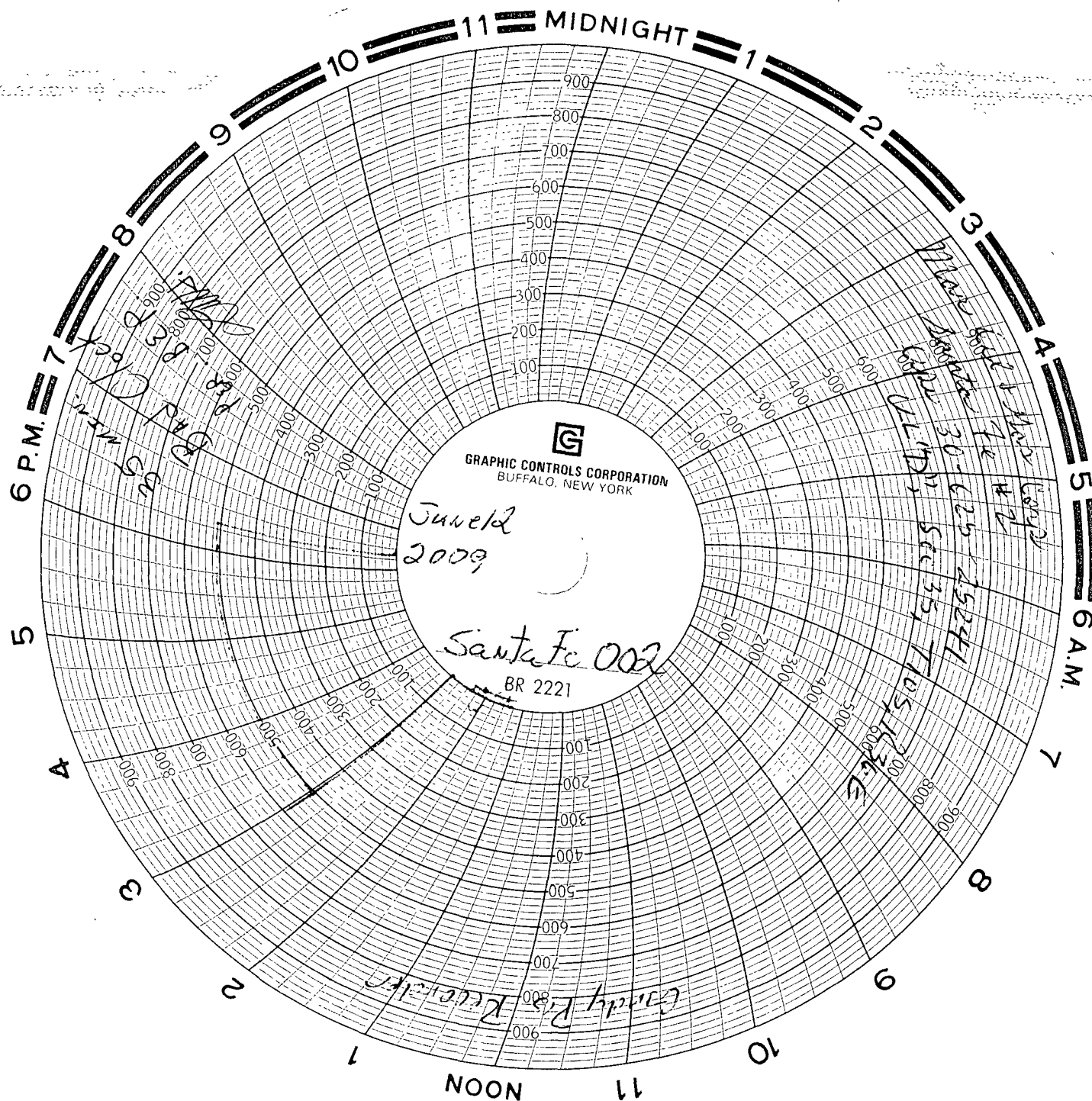
TITLE **Foreman**DATE **6/20/2009**Type or print name **Billy E. Prichard**E-mail address: **billy@pwllc.net**PHONE: **432-934-7680**

For State Use Only

APPROVED BY:

TITLE **DISTRICT 1 SUPERVISOR**DATE **JUN 24 2009**

Conditions of Approval (if any):



Perfs 4968'-4998'
PICK 4893'