

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-025-01310

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B2229

7. Lease Name or Unit Agreement Name:
MALMAR UNIT

8. Well No. 306

9. Pool name Maljamar (GB-SA)

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 Corp.

3. Address of Operator
P.O. Box 5155 Santa Fe NM 87502

4. Well Location

Unit Letter F : 1980 feet from the North Line and 2028 feet from the West Line

Section 7

Township 17S

Range 32E

NMPM

County

LEA

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

11. 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 COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

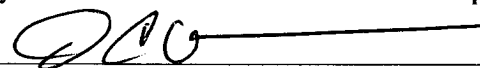
OTHER: Integrity Test ☒

12. 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 recompilation.

MalMar Unit 306 packer was replaced and integrity test was performed on February 4, 2004 at 300 psig and well tested
Test was witnessed by OCD personnel
Well was initiated back to injection February 4, 2004

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

SIGNATURE



TITLE : VP Operations

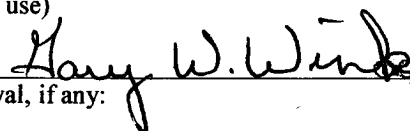
DATE : February 11, 2004

Type or print name Duane C Winkler

Telephone No. 505-989-1977

(This space for State use)

APPROVED BY



FIELD REPRESENTATIVE II/STAFF MANAGER

DATE MAR 11 2004

Conditions of approval, if any:

