

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

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

Form C-103
Revised March 25, 1999

WELL API NO.
30-025-00537

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. 111

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 K

Section 13

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: NON COMPLIANCE ☒

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.

New Well sign was installed

Larry Johnson has been notified of the spill around the well head and a remediation plan will be submitted to Larry Johnson

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

SIGNATURE

DCU

TITLE : VP Operations

DATE : March 17, 2004

Type or print name Duane C Winkler

Telephone No. 505-989-1977

(This space for State use)

APPROVED BY

Duane C Winkler

TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAR 23 2004

Conditions of approval, if any:

