Submit 3 Copies To Appropriate District Office	Digito 011	State of New Mexico		Form C-103		
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.			
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			30-025-00521	CT		
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type of Lease STATE x FEE			
District IV 1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas Lease No.			
87505				B2229		
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:				7. Lease Name or Unit Agreement Name: MALMAR UNIT		
Oil Well Gas Well Other WIW				0 17.11.11 212		
2. Name of Operator Mar Oil and Gas Corp.				8. Well No. 212		
3. Address of Operator			9. Pool name Maljamar (GB-SA)			
P.O. Box 5155 Santa Fe NM 87502 4. Well Location				<u> </u>		
				,		
Unit Letter L						
Section 12	Township		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						
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PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	K	ALTERING CASING	
TEMPORARILY ABANDON [CHANGE PLANS		COMMENCE DRI	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING [MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB			
OTHER:			OTHER: Shut in	Compliance	X	
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						
MAR Oil & Gas Corp Plan of Dev Unit 212 is schedule to be an Act MAR Oil & Gas Corp requests a company of the Corp requests and the Corp request and the Corp requests and the Corp request a	ive Water Injection Well bet	fore Augu	ist 1, 2005 to suppoi			
I hereby certify that the information	on above is true and complet	te to the b	est of my knowledg	e and belief.		
SIGNATURE OCC	W	TI	TLE : VP Operation	ns DATE	:March 17, 2004	
Type or print name Duane C Winkler (This space for State use) APPPROVED BY Land W. Winkler Conditions of approval if any W.			Telep	hone No.505-989-1977		
(This space for State use)	1		CUPERVISOR	VGENERAE	16262728293033	
APPPROVED BY Laur Conditions of approval, if any	D. Wink	THE POIS	TRICT SUI 2.	9202122	2 4 201 2 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
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