| Submit 3 Copies To Appropriate District Office  | et       | State of New Mexico    |          |                            | Form C-103                          |                       |
|---|----------|------------------------|----------|----------------------------|-------------------------------------|-----------------------|
| Energy, Minerals and Natural Resources  |          |                        |          | ral Resources              | Revised March 25, 1999 WELL API NO. |                       |
| 1625 N. French Dr., Hobbs, NM 88240 District II   |          |                        |          |                            | 30-025-27308                        |                       |
| 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION   |          |                        |          |                            | 5. Indicate Type of Lease           |                       |
| District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410  |          |                        |          |                            | STATE X FEE                         |                       |
| District IV Santa Fe, NM 87505  |          |                        |          |                            | 6. State Oil & Gas Lease No.        |                       |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |          |                        |          |                            | B2229                               |                       |
| SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement   |          |                        |          |                            |                                     |                       |
| (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.)   |          |                        |          |                            | MALMAR UNIT                         |                       |
| 1. Type of Well:  |          |                        |          |                            |                                     |                       |
| Oil Well x Gas Well Other  2. Name of Operator  |          |                        |          |                            | 8. Well No. 109                     |                       |
| Mar Oil and Gas Corp.   |          |                        |          |                            | 8. Well No. 109                     |                       |
| 3. Address of Operator  |          |                        |          |                            | 9. Pool name Maljamar (GB-SA)       |                       |
| P.O. Box 5155 Santa Fe NM 87502   |          |                        |          |                            | J. Tool hance wa                    | iljaniai (OD-5/1)     |
| 4. Well Location  |          |                        |          |                            |                                     |                       |
| Unit Letter B   |          |                        |          |                            |                                     |                       |
| Section 13  |          | Township               | 17S      | Range 32E                  | NMPM                                | I County LEA          |
|   |          | 10. Elevation (Show )  |          |                            | ·.)                                 |                       |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |          |                        |          |                            |                                     |                       |
|   |          |                        |          |                            |                                     |                       |
| NOTICE OF INTENTION TO: SUBSI   |          |                        |          |                            |                                     | ALTERING CASING       |
| PEN ONW REWEDIAL WORK   | ш        | T EOO AND ADAMOON      |          | INCINICIDIAL WORK          |                                     | ALIEMINO OAOMO        |
| TEMPORARILY ABANDON   |          | CHANGE PLANS           |          | COMMENCE DRI               | LLING OPNS.                         | PLUG AND  ABANDONMENT |
| PULL OR ALTER CASING  |          | MULTIPLE<br>COMPLETION |          | CASING TEST AND CEMENT JOB |                                     |                       |
| OTHER:  |          |                        |          | OTHER: NON- C              | ompliance                           | 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   |          | <i>9</i>               |          |                            |                                     |                       |
| •   |          |                        |          |                            |                                     |                       |
| MAR Oil & Gas Corp Plan of Development for 2004 and 2005 was submitted March 12, 2004 to OCD office Hobbs NM for approval. Unit 109 is schedule to be converted from T.A. Oil well to an Active Water Injection Well before August 1, 2005 to support secondary                   |          |                        |          |                            |                                     |                       |
| flood plan  |          |                        |          |                            |                                     |                       |
| MAR Oil & Gas Corp requests a extension for an TA until August 1, 2005  |          |                        |          |                            |                                     |                       |
|   |          | SI                     |          |                            |                                     |                       |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |          |                        |          |                            |                                     |                       |
| SIGNATURE OCC   | <u>v</u> |                        | TI       | TLE: VP Operation          | as DATE                             | :March 17, 2004       |
| Type or print name Duane C Wi   | inkle    | r                      |          |                            | Telep                               | hone No.505-989-1977  |
| (This space for State use)  |          |                        |          |                            |                                     | MADIO                 |
| ADDDD OVED DV   |          | ÖRIGINA                | LSIGNE   | O BY                       |                                     | MAR 2 4 2004          |
| APPPROVED BY  Conditions of approval, if any:  OC DISTRICT SUPERVISOR/GENERAL MANAGER  OC DISTRICT SUPERVISOR/GENERAL MANAGER   |          |                        |          |                            |                                     |                       |
| conditions of approval, it ally.  |          | OC DIST                | KIC1 30: | CKABA                      | 15                                  | 6                     |
|   |          |                        |          |                            | /3                                  | V 4 30,0              |
|   |          |                        |          |                            | 1                                   |                       |
|   |          |                        |          |                            | 2027                                | 1.30                  |
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|   |          |                        |          |                            |                                     | 416101                |