

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

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 <input checked="" type="checkbox"/> Other Injection Well 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 <u>J</u> : <u> </u> 1980 feet from the <u>South</u> line and <u> </u> 1980 feet from the <u>East</u> line Section <u>12</u> Township <u>17S</u> Range <u>32E</u> NMPM County <u>LEA</u> 10. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>4173 GR</u>	WELL API NO. 30-025-00518
	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
	6. State Oil & Gas Lease No. B-2229
	7. Lease Name or Unit Agreement Name: MALMAR UNIT
	8. Well No. 310
	9. Pool name Maljamar (GB-SA)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: Install Well Sign <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

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.

A Well sign has been ordered and will be install.

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

SIGNATURE DCW TITLE : Manager of Engineering DATE : November 12, 2002

Type or print name Duane C Winkler

Telephone No. 505-989-1977

(This space for State use)

APPROVED BY
Conditions of approval, if any:

ORIGINAL SIGNED BY
GARY W. WINK
OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE 2 0 0 2