Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Mine	Energy, Minerals and Natural Resources			Revised March 25, 1999
District II	OUL CONS	OIL CONSERVATION DIVISION			
1301 W. Grand Ave., Artesia, NM 88210 District III		OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			e of Lease
1000 Rio Brazos Rd., Aztec, NM 87410		Santa Fe, NM 87505			x FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	San	Sana i C, 14141 87505			Gas Lease No.
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 X Other Injection Well				7. Lease Name or Unit Agreement Name: MALMAR UNIT	
2. Name of Operator				8. Well No. 103	2
Mar Oil and Gas Corp.					
3. Address of Operator				9. Pool name M	laljamar (GB-SA)
P.O. Box 5155 Santa Fe NM 87502 4. Well Location					
Unit Letter_C :660_feet from the North line and1980 feet from theWest line					
Section 18	Towns	ship 17S	Range 33E	NMPI	M County LEA
	10. Elevation (Sh 4226 GR	ow whether D	OR, RKB, RT, GR, etc	c.)	
11. Check Appropriate Box to Indicate Nature of Notice. Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK	PLUG AND ABANI	DON 🗌	REMEDIAL WOR	к 🗆	ALTERING CASING
	CHANGE PLANS				
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB		
OTHER: Request for work pit to te		ХП			
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.					
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Mar Oil and Gas Corp will be testing the following well. A work pit will be dug on location and lined according to OCD rules and					
regulations. Only produce water will be in the work pit. The produce water in the work pit will be truck to proper disposal according to OCD rules and regulations. This test is not to exceed forty five days and at that time the work pit will be closed.					
and at that the work pit will be closed in the to exceed forty inve days and at that thine the work pit will be closed.					
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE					
Type or print name Duane C Winkl	er			Teleph	none No.505-989-1977
(This space for State use)		GIHAL SIGN			
APPPROVED BY GARY W. WINK OC FIFTUT REPRESENTATIVE IL/STAFF MANAGEP DMAR 1 1 2003					
Conditions of approval, if any:					

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