

Submit 3 Copies To Appropriate District Office

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 87210  
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

Form C-103  
Revised March 25, 1991

WELL API NO.

30-015-02892

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B11662

7. Lease Name or Unit Agreement Name:

CAVE POOL UNIT

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRIEL 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

Marks and Garner Production, LTD. Co.

3. Address of Operator

POB 70 Lovington, NM 88260

4. Well Location

8. Well No.

3

9. Pool name or Wildcat

Greyburg, Jackson, SA, Qn

Unit Letter A : 985 feet from the NORTH line and 987 feet from the EAST line

Section 04 Township 17S Range 29E NMPM County EDDY

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3590GR

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: ☐

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 recompletion.

Plug and abandon well as approved 1-2-2002  
Remove all surface equipment  
Remove & level all tank & equipment pads  
Remove tiedowns & misc. material  
Level location  
Clean & rake for final inspection

OK  
For Release  
10/16/03  
[Signature]

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

SIGNATURE [Signature] TITLE Member DATE 6-18-2003

Type or print name Ernest L. Marks Telephone No 505 396 5326  
(This space for State use)

APPROVED BY [Signature] TITLE Field Rep ID DATE \_\_\_\_\_  
Conditions of approval, if any:

APPROVED OCT 17 2003