Submit 3 Copies To Appropriate District Office District I State of New Me Number of New Me Number of New Me Number of New Me Number of New Me	
District I 1625 N. French Dr., Hobbs, NM 88240	
1625 N. French Dr., Hobbs, NM 88240 District II 811 South First, Artesia, NM 87210 OIL CONSERVATION	DIVISION 30-015-02912 \ 5. Indicate Type of Lease
811 South First, Artesia, NM 87210 District III 1000 Rio Brazos Rd., Aziec NM 87410 District IV District	ICIS Dr.
1000 Rio Brazos Rd., Azieci NM 87410 PECEIVED District IV 1220 S. St. Francis Dr., Sania Fe, NM 87505ARTESIA SUNDRY NOTICES AND REPORTS ON WELLS	6. State Oil & Gas Lease No. E-950-HBP
(DO NOT USE THIS FORM FOR PROPOSALS TO DRIM/OR TO DEEPEN OR PLU	7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR FERMIT" (FORM C-101) FOR PROPOSALS.) 1. Type of Well: Oil Well: X Gas Well Other	
 Name of Operator Marks and Garner Production LTD., Co. 	8. Well No. (53)
3. Address of Operator POB 70 LOVINGTON NM 88260	9. Pool name or Wildcat Greyburg, Jackson, SA, Qn
4. Well Location	
Unit Letter H: 1650 feet from the NORTH	l line and 330 feet from the East line
	unge 29E NMPM County Eddy
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3658GR	
 Check Appropriate Box to Indicate N NOTICE OF INTENTION TO: 	ature of Notice, Report or Other Data SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER:	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 recompilation.	
Plug and abandon well as approved 11-29-2001	
Plug and abandon well as approved 11-29-2001 Remove all surface equipment	
Remove & level all tank and equipment pads	
Remove tiedowns & misc. materal Level location	
Clean and rake for final inspec	• / /
^	
	•
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE ZENT V. Mm WY TITLE	MEMBER DATE 6-18-2003
Type or print name ERNEST L MARKS (This space for State use) Telephone No. 505 396 5320	
	suxo pup &
APPPROVED BYTITLE_ Conditions of approval, if any.	DATE