Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		WELL API NO.	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONCEDUATION DESIGNA		3001537744	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of	Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE _	FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas	T .
87505		Federal Lease – LC		
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.)			7. Lease Name or Unit Agreement Name Magruder	
1. Type of Well: Oil Well X Gas Well Other		8. Well Number 19		
2. Name of Operator		9. OGRID Number		
Joe L. Tarver 3. Address of Operator		37594 10. Pool name or Wildcat		
12403 CR 2300, Lubbock, TX 79423		Yates-Seven Rivers		
4. Well Location				
Unit Letter : 1610 feet from the South line and 1645 feet from the				
East line				
Section 35	Township 17S	Range 27E	NMPM	EDDY County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ALTERING CASING
TEMPORARILY ABANDON	ABANDON CHANGE PLANS COMMENCE DRIL			PAND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT			T JOB	
DOWNHOLE COMMINGLE				
OTHER: Request for Variance of red	quirement	OTHER:		
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
Please consider this request for variance of requirement for deviation survey because of shallow well 540' from surface				
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Spud Date:	Rig Release Da	ite:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
he X w				
SIGNATURE TITLE Operator DATE 11-17-2010				
Type or print name <u>Joe L. Tarver</u> For State Use Only	E-mail addres	ss: joe @wirelessto	wlights.com PHONE	: <u>806-795-2042</u>
APPROVED FER 4 & ACL				
APPROVED FEB 1 8 2011				
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