Submit 3 Copies To Appropriate District Office District I	State of New M Energy, Minerals and Nat		Form C-10 Revised March 25, 19	
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO. 30-025-27992	
811 South First, Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type of Lease  STATE  FEE	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No. E3145	
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  Other			7. Lease Name or Unit Agreement Name Coquina State	<b>:</b> :
2. Name of Operator		10.0	8. Well No.	
Marks and Garner Production Ltd. (3. Address of Operator	1 9. Pool name or Wildcat			
P.O. Box 1089, Hobbs, NM 88241	San Simon; Yates North (Assoc)			
4. Well Location				
Unit Letter H, 1980 feet from the North line and 660 feet from the East line				
Section 19	NMPM Lea County			
	10. Elevation (Show whether D	PR, RKB, RT, GR, etc		
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.			LLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	ND	٠
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.				
Set CIBP @ 3650' and cap with 35 Circulate casing with mud gel brine			111 3 2 2000	
Spot 5 sx plug at surface. Cut off wellhead 3' below surface.	JUL 2 3 2008			
Cut off wellhead 3' below surface.  Weld on dry hole marker.  Clean Location.  NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS			HUBBS ULL	
			DENIED	
			Days Street II M II MANN AND A	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Della D	TITLE AGE	NT	DATE <u>7/21/08</u>	•
Type or print name Quinton Wel		Telephone No. 57	75-393-9358	_
(This space for State use).	The state of the s			
APPPROVED BY Conditions of approval, if any:	TITLE		DATE	