

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-015-24991

5. Indicate Type of Lease

STATE ☒ FBE ☐

6. State Oil & Gas Lease No.

E-4200

7. Lease Name or Unit Agreement Name:

Red Twelve State

RECEIVED

APR 12 2006

8. Well No.

4

OCC-ARTESIA

9. Pool name or Wildcat

Grayburg Jackson 7RVS-Qn-GB-SA

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 ☐

SWD

RECEIVED

2. Name of Operator

Marks and Garner Production Ltd. Co.

APR 12 2006

3. Address of Operator

OCC-ARTESIA

P.O. Box 1089, Hobbs, NM 88241

4. Well Location

Unit Letter O, 990 feet from the South line and 2310 feet from the East line

Section

5

Township 17S

Range 29E

NMPM

Eddy,

County

10. Elevation (Show whether DR, 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 ☐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: PERFORM MIT ☒

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.

4/5/06 - Ran mechanical integrity test; test OK. Test witnessed by Gerry Guye.

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

SIGNATURE Quinton Welborn TITLE Controller DATE 4-11-06

Type or print name Quinton Welborn Telephone No. 505-393-9358

(This space for State use)

APPROVED BY _____ TITLE Accepted for record DATE _____

Conditions of approval, if any:

NMOCD
/o.