! ubmit 3 Copies To Appropriate District (ffice istrict	State of New Mexico Energy, Minerals and Natural Resources		~ ~	Form C-103 A Revised March 25, 1999
1 1 525 N. French Dr., Hobbs, NM 88240 1 1 istrict II 11 South First, Artesia, NM 87210 1 istrict III 000 Rio Brazos Rd., Aztec, NM 87410 1 istrict IV 220 S. St. Francis Dr., Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO. 30-015-25152 5. Indicate Type of Lease FED XXXXE X FEE 6. State Oil & Gas Lease No. NMLC058594A	
SUNDRY NOTICE + DO NOT USE THIS FORM FOR PROPOSAL + IFFERENT RESERVOIR. USE "APPLICAT + ROPOSALS.) . Type of Well: Oil Well Gas Well	ION FOR PERMIT" (FORM C-10	R PLUG BACK TO A	7. Lease Name or U	Unit Agreement Name: vers Federal
Name of Operator Marks and Garner Production Ltd., Co.			8. Well No.	
Address of Operator POB 70 Lovington NM 88260			9. Pool name or Wildcat Greyburg, Jackson, SA, Qn	
	660 feet from the <u>NO</u>			the <u>West</u> line
	16S Township 29E 0. Elevation (Show whether			County Eddy
NOTICE OF INTE		SUE	BSEQUENT <u>R</u> EP	ORT OF:
		REMEDIAL WOR	1	
	CHANGE PLANS	COMMENCE DE CASING TEST A CEMENT JOB	RILLING OPNS.	PLUG AND ABANDONMENT
)THER: 2. Describe proposed or completed		OTHER:		

 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.

Rig up and run in hole with 2" tubing and $5\frac{1}{2}$ " Baker Lockset packer on bottom of 2" tubing. Set packer @ 2400'. Rig up to acidize. Pump 700 gallons of 15% NEFE with 50 ball sealers followed by 18 barrels of KCL flush. Shut well in for 2 hrs. Open well and test swab.

	BECEIVED RECEIVED RECEIVED
hereby certify that the information above is true and	complete to the best of my knowledge and elief.
IGNATURE Jem Lam	TITLE A TEN A DATE 1 2-111-01
ype or print name	Telephone No. 505 396 5326
(This space for State use)	
. PPPROVED BY	TITLE TO SAD & DATE /2-02
Conditions of approval, if any	





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