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ubmit 3 Copies To Appropriate District	State of New Mexico			Form C-103	- 17
+ office   Listrict I	Energy, Minerals and Natural Resources			Revised March 25, 1999	
1 Sante 1 Service Dr., Hobbs, NM 88240			WELL API NO.	100/1000 1/1000 25, 1777	O
1 istrict II OH CONCEDIATION DIVICION			30-015-	02886	
11 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION			5. Indicate Type of Lease		/
1 istrict III 300 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr.			STATE XX FEE		
Listrict IV Santa Fe, NM 8/505			6. State Oil & Gas Lease No.		
220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTICES AND REPORTS ON WELLS			B11662 7. Lease Name or Unit Agreement Name:		
OO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			1	· ·	
HIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Cave P	ool Unit	
ROPOSALS.)					
. Type of Well:					
Oil Well X Gas Well Other					
Name of Operator			8. Well No. 19		
Marks and Garner Production, Ltd.Co.					
Address of Operator			9. Pool name or Wildcat		
POB 70 Lovington, NM 88260			Greyburg, Jackson, SA, Qn		
. Well Location			·		
Unit Letter K:	1980 feet from the Sout	h line and	1980 feet from	n the <u>West</u> line	
Section 04	Township 17S R	lange 29E	NMPM	County Eddy	
	10. Elevation (Show whether I	DR, RKB, RT, GR, etc	c.)		
	3585	G-R	14-4-4		
11. Check App	propriate Box to Indicate N	lature of Notice,	Report or Other 1	Data	
			SEQUENT REF		
	PLUG AND ABANDON	REMEDIAL WOR		ALTERING CASING	
TEMEDIAE WOL			, <del>'.x</del> x	ALIERINO CASING	
EMPORARILY ABANDON			ILLING OPNS.	PLUG AND	
			ABANDONMENT		
L'ULL OR ALTER CASING MULTIPLE CASING TEST A			ND 🗀		
(	COMPLETION	CEMENT JOB			
DTHER:	<b></b> -1	OTHER			
		OTHER:			
2. Describe proposed or completed	operations. (Clearly state all pe	ertinent details, and g	give pertinent dates,	including estimated date	
of starting any proposed work). S	SEE RULE 1103. For Multiple	Completions: Attac	h wellbore diagram	of proposed completion	
or recompilation.			· ·		
Install pumping e	auipment on well	-run out &	tact		
Return to product	ion	-run out a	Cest		
Reduin do product	.1011				
hereby certify that the Control		1			
hereby certify that the information ab	ove and complete to the	best of my knowled	ge and belief.		
: IGNATURE Y	1 day la more	Mamban David		11 00 000	_
· IONATORE	TO OM CHILLE	Member-Part	ner	_DATE_ <u>11-28-2</u> 00	1
Type or print name Ernoct T	Marsha			<b></b>	
ype or print name Ernest L.	Marks		Teleph	none No. 505 396 53	26
(This space for State use)		A -11	/		
BDDD OVER ST		L. J.	Un 10		
PPPROVED BY					
	TITLE	James /	300	DATE 11-29-01	
Conditions of approval, if any:	TITLE_		Sto &	DATE 11-29-01	