! ubmit 3 Copies To Appropriate District	State of N	Jew Me	exico		Form C-103	015
l istrict [Energy, Minerals a	nd Natu	ıral Resources		Revised March 25, 1999	- Ex
525 N. French Dr., Hobbs, NM 88240 Listrict II				WELL API NO.		
11 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION				30-015-02891		
1 istrict III 900 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr.				5. Indicate Type of Lease		
Listrict IV Santa Fe, NM 87505				STATE XX FEE 6. State Oil & Gas Lease No.		4
220 S. St. Francis Dr., Santa Fe, NM 87505				B11662		
SUNDRY NOTICES AND REPORTS ON WELLS					: Unit Agreement Name:	7
1 DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 1 JEFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH [ROPOSALS.)				Cave Pool Unit		
. Type of Well: Oil Well XX Gas Well Other						
Oil Well A Gas Well Other Name of Operator				0 11/11/1		-
Marks and Garner Production, Ltd.Co.				8. Well No.		
. Address of Operator				9. Pool name or V		-
POB 70 Lovington, NM 88260					ackson, SA, Qn	
. Well Location					<u> </u>	1
Unit LetterO:_	990_feet from the _	Sout	h line and 2	310 feet from	n the East line	
Section 04	Township 1	7s Ra	inge 29E	NMPM	C P.4.4	
	10. Elevation (Show wh	ether Di	R. RKB. RT. GR. etc	NIVIPIVI	County Eddy	-
		- 3	594 CI	9		
11. Check Ap	opropriate Box to Indi	cate Na	ature of Notice,	Report or Other I	Data	1
NOTICE OF INT	LNTION TO:		SUB	SEQUENT REF	PORT OF:	
L'ERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	K [ALTERING CASING	l
EMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND	i
FULL OR ALTER CASING	MULTIPLE [CASING TEST AN	ND —	ABANDONMENT L	
	COMPLETION		CEMENT JOB	עט [_]		
OTHER:		<u> </u>	OTHER: D.			n
2. Describe proposed or completed of starting any proposed work)	d operations (Clearly stat	e all par	tipent datails and	rn to pumpi	ng L	-
proposed work).	SEE RULE 1103. For M	ultinle C	intent details, and g	a wellboro diagram	including estimated date	
or recompilation.		unipic C	ompletions. Attact	i wendore diagram	of proposed completion	
Pig un S incl						
Rig up & inst	all rod pumpi	ng e	quipment			
Return well t	o pumping					
I hereby certify that the information a	hove is true and complete	to the h	agt of war 1 1 1			
		w me be	est of my knowledg	ge and belief.		
IGNATURE (ITLE <u>N</u>	<u> Member-Part</u>	ner	_DATE_11-28-200)1
ype or print name Ernest L.	Marks			Talank	one No. 505 396 5	5326
(This space for State use)	000		1 11	1 elepn	OHC INO.	-
DDDDOVED DV	100	i	1:01 .	U. O. TO		
PPPROVED BY Conditions of approval, if any:	TI	TLE	Sux ()	oth s	DATE 11-29-01	
ordinons of approval, if any:				· ·		