

Submit 3 Copies To Appropriate District Office
District I
525 N. French Dr., Hobbs, NM 88240
District II
11 South First, Artesia, NM 87210
District III
900 Rio Brazos Rd., Aztec, NM 87410
District IV
220 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

C15P
OP

Form C-103
Revised March 25, 1999

WELL API NO. 30-01502903
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NMO 397624
7. Lease Name or Unit Agreement Name: Cave Pool Unit
8. Well No. 51
9. Pool name or Wildcat Greyburg, Jackson, SA, Qn.
10. Elevation (Show whether DR, RKB, RT, GR, etc.)

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.)

Type of Well:
Oil Well ☒ Gas Well ☐ Other ☐

Name of Operator
Marks and Garner Production, Ltd. Co.

Address of Operator
POB 70 Lovington NM 88260

Well Location
Unit Letter **L** : **1650** feet from the **South** line and **990** feet from the **West** line
Section **05** Township **17S** Range **29E** NMPM County **Eddy**

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: ☐

2. 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 recompletion.

Rig up-test casing integrity 500psi-test OK

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

SIGNATURE Ernest L. Marks TITLE Member-Partner DATE 11-28-2001

Type or print name Ernest L. Marks

Telephone No 505 396 5326

(This space for State use)

APPROVED BY [Signature] TITLE Wild Sep ID DATE 11-29-01

Conditions of approval, if any: