6265 32	· · · · · · · · · · · · · · · · · · ·
Submit 3 Copies To Appropriate District 2526.	CIZI
District Energy, Minerals and Natural Resource	Form C-10:
1625 N. French Dr., Hobbs, NM/8240	
District II	WELL API NO. 30-015-02915
	5. Indicate Type of Lease
OCD - ARTE Size Fe. NM 87505 811 South First, Artesia, NM 8730 OCD - ARTE Size OCD - ARTE Size Fe. NM 87505	
District IV Santa Fe, NM 87505	STATE FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTRES AND REPORTS ON WELLS	Injection well
(DO NOT USE THIS FORM FOR PROPOSALS TO DRIFT, OR TO DEEPEN OR PUTO BACK TO	7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Cave Pool Unit
PROPOSALS.) 1. Type of Well:	cave 1001 onit
Oil Well LJ Gas Well Other Injection well 2. Name of Operator	8. Well No.
Marks and Garner Production Ltd. Co.	8. Well No. 036
3. Address of Operator	9. Pool name or Wildcat
POB 70 Lovington NM 88260	
4. Well Location	Greyburg-Jackson-Qn-SA
Unit Letter B: 660 feet from the North line and 1980 feet from the East line	
THE THE TOTAL TH	
Section 8 17 Township 175 Range 29E	NMPM County Eddy
10. Elevation (Show whether DR, RKB, RT,	GR etc.)
John Michel Di, IRD, RI, OR, Etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ★★ PLUG AND ABANDON ☐ REMEDIA	L WORK ALTERING CASING [
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMEN	ACE DOUBLING ORNIG TO BUILD AND
COMMEN	ICE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE CASING T	TEST AND
COMPLETION CEMENT	
OTHER.	_
OTHER: OTHER:	<u></u>
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.	
Rig up-POOH- Replace 2" tubing with new joint	
Redress packer-	
Run back in hole-set packer	
Return to injection	
A Mit test must be Aun Prior to injection	
14 111.7 7851 111051 00 KUN 1111	
I hereby certify that the information above is true and complete to the best of my k	knowledge and belief.
5, 1	
SIGNATURE TITLE Member	DATE 3-25-2002
m	
Type or print name Ernest AMM rks	<u>Telephone No. 505 396 5326</u>
(This space for State use)	
000	11 1 Ann +9 2002
APPPROVED BYTITLE	DATE APR 12 2002
Conditions of approval, if any:	in with c

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