! ubmit 3 Copies To Appropriate District + ffice	State of New Mexico			Form C-103 C/S		
1 <u>istrict 1</u> 525 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.		
Fistrict II	OIL CONSERVATION DIVISION			30=015=24991		
111 South First, Artesia, NM 87210 Uistrict III	1220 Carrib Ct. Francis B			5. Indicate Type of Lease		
900 Rio Brazos Rd., Aztec, NM 87410 istrict IV Santa Fe, NM 87505			STATE XX FEE			
220 S. St. Francis Dr., Santa Fe. NM 87505				6. State Oil & Gas Lease No.		
SUNDRY NOTIC	CES AND REPORTS (	ON WELLS		E-4200	Unit Agreement Name:	— <u>;</u>
OO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A I IFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				Red Twelve State		
TROPOSALS.)	MATORIORIERMIT (FO	KMI C-IUI) F	OR SUCH	Ked Iwe	ive State	
Type of Well: Oil Well Gas Well Other Injection				į		
Name of Operator Other Injection				8. Well No.		<u> </u>
Marks and Garner Production, Ltd. Co.				δ. Well INO.		
Address of Operator				9. Pool name or Wildcat		
				Greyburg, Jackson, SA, On		
2 Document						ļ
Unit Letter O :	990 feet from the	Sout	h line and <u></u>	310 feet from	n the <b>East</b> line	İ
Section 04						
Section 04	Township 10. Elevation (Show	175 Ra	ange 29E	NMPM	County Eddy	
	•	362	D GR			
11. Check A	ppropriate Box to Ir	ndicate N	ature of Notice,	Report or Other I	Data	
NOTICE OF IN	IENTION TO:		SUE	SSEQUENT REP	PORT OF:	
L'ERFORM REMEDIAL WORK	PLUG AND ABANDO	И	REMEDIAL WOR	RK (7	ALTERING CASING	
EMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	RILLING OPNS.	PLUG AND	٦
L'ULL OR ALTER CASING  MULTIPLE  CASING TEST				AND XX	ABANDONMENT -	
	COMPLETION		CEMENT JOB	IZZX		
OTHER:			OTHER:			$\neg$
2. Describe proposed or complete	d operations. (Clearly	state all per	tinent details and	give pertinent dates i	neluding actimated data	
of starting any proposed work). or recompilation.	SEE RULE 1103. For	Multiple (	Completions: Attac	ch wellbore diagram	of proposed completion	
or recompliation.					1 (	
Dig up and						
Rig up and Return to i	test casing	integr	rity 500ps	iTest Ok		
Neouth 60 1	njection					
·						
hereby certify that the information a	above is true and compl	ete to the b	est of my knowled	lge and belief.		•
: IGNATURE						
	1 Vmm m	HILL M	lember-Part	ner	_DATE11-28-2	<b>30</b> 1
ype or print name Ernes	t I. Marks	· · · · · · · · · · · · · · · · · · ·		Teleph	one No. 505 396	5326
(This space for State use)	/ 'V\		1 -11	1	303 330	5520
. PPPROVED BY		TITLE	Juld	Her ID	DATE 1/ 26 a	,
Conditions of approval, if any:  TITLE TITLE DATE 11-29-01						
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