

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Mining and Natural Resources Department

Form C-103
Revised 1-1-89

11/5/87
Op

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Rancho Rd., Aztec, NM 87410

WELL AM NO.	30 015 25055
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	B7596

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.)

7. Lease Name or Unit Agreement Name	red 12 STATE
--------------------------------------	--------------

1. Type of Well:	OIL WELL ☒ GAS WELL ☐ OTHER ☐
------------------	---

8. Well No.	6
-------------	---

2. Name of Operator	MARKS AND GARNER PRODUCTION LTD. CO.
---------------------	--------------------------------------

9. Pool name or Wildcat	GB JACKSON QN 7RVRS SA
-------------------------	------------------------

3. Address of Operator	P O Box 70 LOVINGTON, NM 88260
------------------------	--------------------------------

4. Well Location	Unit Letter K, 2310 Feet From The S Line and 1650 Feet From The E Line
------------------	--

Section 5	Township 17S	Range 29E	NM/PM	EDDY	County
10. Elevation (Show whether DF, RKB, RT, CR, etc.) 3636					

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☐
OTHER: Compliance Request ☐	OTHER: ☐

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 EVALUATION & TEST PURPOSES:
RIG UP SWAB WELL FOR 8 HOURS
REPORT PRODUCTION & CHANGES

THIS DOES NOT MEET CRITERIA FOR
BRINGING WELL INTO COMPLIANCE

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

SIGNATURE James H. Buddy Garner TITLE Partner DATE 11-4-00

TYPE OR PRINT NAME James H. Buddy Garner TELEPHONE NO. 396-5326

(This space for State Use)

APPROVED BY Steve Stillfield TITLE Field Rep. II DATE 11/8/2000

CONDITIONS OF APPROVAL, IF ANY: