	455
tubmit 3 Copies To Appropriate District tiffice State of New Mexico	Form C-103
1 istrict I Energy, Minerals and Natural Res 525 N. French Dr., Hobbs, NM 88240	Sources V Revised March 25, 1999 WELL API NO.
istrict OH CONGERNATION DRIVE	20 015 25055
11 South First, Artesia, NM 87210 OIL CONSERVATION DIVI	5 Indicate Type of Leave
200 Rio Brazos Rd., Aziec, NM 87410 1 istrict IV Santa Fe, NM 87505	STATE XX FEE
220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No. B7596
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name:
; DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACI I IFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Red Twelve State
TROPOSALS.) Type of Well:	Red Twelve Bodge
Oil Well XX Gas Well Other	
Name of Operator Marks and Garner Production, Ltd. Co	8. Well No.
Address of Operator	9. Pool name or Wildcat
POB 70 Lovington NM 88260 Well Location	Greyburg, Jackson, SA, Qn
well Location	!
Unit Letter K: 2310 feet from the South	ine and 1650 feet from the East line
Section 05 Township 17S Range 29	DE NMPM County Eddy
10. Elevation (Show whether DR, RKB)	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
	EDIAL WORK ALTERING CASING
EMPORARILY ABANDON K CHANGE PLANS COM	MENCE DRILLING OPNS. PLUG AND
FULL OR ALTER CASING MULTIPLE CASI	ABANDONMENT ''' NG TEST AND - '[X]
COMPLETION	EN <u>F JOB-</u>
OTHER:	Company of the Compan
 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 run 2" tubing and $5\frac{1}{2}$ " lockset packer to depth 2883'	
Test casing integrity to 500psi 30 minute testTest OK Temporarily Abandon well	
remporarily Abandon well	minute testTest OK 123456
Temporary Abandoned Status approved	RECEIVED OCD - ARTESIA
12-3-02	OCD - Altiton
hereby certify that the information above is plue and complete to the best of	my knowledge and helief
9 11 11 1	per-Partner DATE 12-1-2001
The second of th	
ype or print name Ernest L. Marks (This space for State use) Telephone No. 505 396 5326	
/ XX WILL TSED &	
Conditions of approval, if any:	