Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
OntheDistrict I – (575) 393-6161Energy, Minerals and Natural Resources1625 N. French Dr., Hobbs, NM 88240District II – (575) 748-1283RECEONZEONSERVATION DIVISIONDistrict III – (575) 748-1283811 S. First St., Artesia, NM 88210District III – (575) 748-1283District III – (575) 748-1283BECEONZEONSERVATION DIVISIONDistrict III – (505) 334-61781220 South St. Francis Dr.1000 Rio Brazos Rd., Aztec, NM 87410 UN 2 620113Santa Fe, NM 87505		Revised August 1, 2011 WELL API NO.
		30-015-23341 5. Indicate Type of Lease
		STATE X FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM HOBBSUCD 87505		6. State Oil & Gas Lease No. V-2627
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 BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		Mosley Spring 32 State Com
1. Type of Well: Oil Well Gas Well X Other		8. Well Number 002
2. Name of Operator State of New Mexico formerly Marks and Garner		9. OGRID Number 14070
3. Address of Operator		10. Pool name or Wildcat
811 S. First Street Artesia, NM 88210		Und. Dark Canyon-Penn Gas
4. Well Location		
	et from the <u>North</u> line and <u></u> ownship 17S Range 29E	
Section         4         Township         17S         Range         29E         NMPM         Eddy         County           In the section of the section o		
12. Check Appropriate	Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION		*
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN		— — —
PULL OR ALTER CASING MULTIPLE	COMPL CASING/CEMEN	Т ЈОВ
OTHER:	OTHER:	
<ol> <li>Describe proposed or completed operatio of starting any proposed work). SEE RU proposed completion or recompletion.</li> </ol>		nd give pertinent dates, including estimated date mpletions: Attach wellbore diagram of
See Attached		
		/
I hereby certify that the information above is true a	and complete to the best of my knowledg	e and belief.
SIGNATURE	TITLE	DATE
Type or print name	E-mail address:	PHONE:
For State Use Only	<u> </u>	
APPROVED BY	TITLE DET NGE	DATE-26-2013
Conditions of Approval (if any):	mile 10/. 10k	DATE COUL

JUN 26 2017