Submit One Copy To ANTON DE DONSERVATION State of New Mex	ico Form C-103
Office	ICO FOITH C-103 Il Resources Revised November 3, 2011
Office ARTESIA DISTRICT Builto of rice Minerals and Natura	WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 2 5 2016 District II	20 015 050 AVASO
811 S. First St., Artesia, NM 88210 OIL CONSERVATION I	JIVISION 5 Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87 SECEIVED District IV Santa Fe, NM 875	IS Dr. STATE XX FEE
District IV Santa Fe, NM 875	05 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	310424
87505 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 PLUC DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)	BACK TO A Burnham Grayburg San Andres
1. Type of Well: Oil Well Gas Well XX Other Water Injection	8. Well Number 3A
2. Name of Operator	9. OGRID Number
Larry Marker dba Marker Oil	290537
3. Address of Operator	10. Pool name or Wildcat
PO Box 3188, Roswell, NM 88202	Square Lake Grayburg San Andres
4. Well Location	
Unit Letter H : 1980 feet from the N line and 660 feet from the E line	
Section 2 Township 17S Range 30E NMPM County Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
12. 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 REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A X	
OTHER:	\boxtimes Location is ready for OCD inspection after P&A $8-15-15$
X All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.	
X Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.	
X A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the	
<u>OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR</u> UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR	
PERMANENTLY STAMPED ON THE MARKER'S SURF.	
TERMANEN ET STAMTED ON THE BARKER S SORFACE.	
X The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and	
other production equipment.	
X Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.	
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with	
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed	
from lease and well location.	
X All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have	
to be removed.)	
X All other environmental concerns have been addressed as per OCD rules. X Pipelines and flow lines have been abandoned in accordance with 19 15 35 10 NMAC. All fluids have been removed from nor.	
 X Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines. X If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from the service well well 	
X If this is a one-well lease or last remaining well on lease; all electrical service poles and lines base been removed from lease and well	
location, except for utility's distribution infrastructure.	
	service poles and lines have been removed in bore company receipt Linbility under removed in the page under of C-103 (Subsequent ACD Web Page under of C-103 (Subsequent ACD Web Page under
When all work has been completed, return this form to the appropriate District office to schedule an expection distate.nm.us/ocd.	
SIGNATURE TITLE C	Consultant DATE
TYPE OR PRINT NAMEPhelps WhiteE-MAIL	pwiv@zianet PHONE:575 626 7660
For State Use Only	
APPROVED BY: Mart 1 Lyd TITLE COMPLIANCE OFFICER DATE 4/27/2016	

. .

1

Conditions of Approval (if any):