Submit 3 Copies To Appropriate District 123456 State of New Mex Office	ico Form C-103
Office District 1 1625 N. French Dr., Hobbs, NM 88290 Energy, Minerals and Natura	Resources Revised March 25, 1991 WELL API NO.
District II CONSERVATION I	30-015-02875
District IV RIGHT STATES RELECTIVE SANTA Fe, NM 875	STATE X FEE 6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Aziec, NM 87410 RECEIVED 1220 South St. Francis District IV 1220 S. St. Francis Dr., Sania Fe, NM 876050 - ARTESIA Sania Fe, NM 875	B11662
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OK TO DEEPEN OR PLUC	7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)	SUCH
1. Type of Well:	CAVE POOL UNIT
Oil Well: 🔼 Gas Well 🗌 Other 2. Name of Operator	8. Well No.
Marks and Garner Production LTD., Co.	. (16)
3. Address of Operator POB 70 Lovington, NM 88260	9. Pool name or Wildcat Greyburg, Jackson, SA, Qn
. 4. Well Location	
Unit Letter E: 1974 teet from the North line and 330 feet from the West line	
Section (03) Township 1/7S Ran	
10. Elevation (Show whether DR)	RKB, RT, GR, etc.)
11. 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 C
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB
OTHER:	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 Multiple Completions: Attach wellbore diagram of proposed completion	
or recompilation.	
.	ved 1-2-2002 Releas
Plug and abandon well as approved 1-2-2002 Remove all surface equipment	
Remove all surface equipment Remove and level all tank & equipment pads	
Remove tiedowns & misc. materal	
Level location Clean & rake for final inspection	
Clean a rake for final inspection	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE	Member DATE 6-18-2003
Type or print name Ernest L. Marks	-/// Telephone No.505 396 5326
(This space for State use)	NO POP C
APPPROVED BY TITLE	DATE
Conditions of approval, if any:	