Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office District I	Energy, Minerals and Natural Resources		October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 3001537746
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
District III	1220 South St. Francis Dr.		STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM			Federal Lease – LC057798
87505 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 Magruder
1. Type of Well: Oil Well X Gas Well Other		8. Well Number 21	
2. Name of Operator		9. OGRID Number	
Joe L. Tarver		37594	
3. Address of Operator		10. Pool name or Wildcat	
12403 CR 2300, Lubbock, TX 79423		Yates-Seven Rivers	
4. Well Location			
Unit Letter : 1624 feet from the South line and 2306 feet from the			
East line			
Section 35	Township 17S	Range 27E	NMPM EDDY County
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			
			SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			,
TEMPORARILY ABANDON			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	IT JOB 📙
DOWNHOLE COMMINGLE			
OTHER: Request for Variance of re	quirement	OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
Please consider this request for variance of requirement for deviation survey because of shallow well 540' from surface			
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Spud Date:	Rig Release Da	te:	
			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE Operator DATE 11-17-2010			
Type or print name Joe L. Tarver	E-mail addres	s: joe @wirelesste	owlights.com PHONE: 806-795-2042
For State Use Only			
APPROVED FEB 1 6 2011			
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