Submit One Copy To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resour	
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
. District II 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	ON 30-015-01290
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE X FEE 6. State Oil & Gas Lease No.
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	<i>builtu</i> 1 0 , 1 (1/1 0 / 2 0 2	o. State Off & Gas Lease No.
87505		
	ES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	7. Lease Name or Unit Agreement Name
	ALS TO DRILL OR TO DEEFEN OR FLOG BACK TO ATION FOR PERMIT" (FORM C-101) FOR SUCH	E REO LAKE UNIT TRACTE)
PROPOSALS.)	. w. i. 🗆 o.i.	8. Well Number 003
1. Type of Well: Oil Well (sas Well Uther	9. OGRID Number
2. Name of Operator	LARRY MARKIER	9. OGRID Number
3. Address of Operator \bigcirc .	1 Pa Bet 315	3 9 10. Pool name or Wildcat
1/400 wast 1/2 mag 11	lasta TV Paraell NM	88701 R. O. V. F. O. O. V. G. V. B. V. O.
3. Address of Operator O. / ROSALI NEW BBZOZREO LAKE: QUEON - GROY BURY 4. Well Location		
1	geet from the W line and 669 feet fro	om the 5 line
	ip 165 Range 28 E NMPM Co	
	11. Elevation (Show whether DR, RKB, RT,	
11. Elevation (Show whether Dr., 1912), 11. Elevation (Show whether Dr., 1912), 12.		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INT		SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	<u> </u>	AL WORK ALTERING CASING U
		NCE DRILLING OPNS D P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/	CEMENT JOB
OTHER:	☐	tion is ready for OCD inspection after P&A
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.		
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.		
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the		
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR		
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR		
	ED ON THE MARKER'S SURFACE.	
•		
	nearly as possible to original ground contour	and has been cleared of all junk, trash, flow lines and
other production equipment. 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.		
	s have been removed. Portable bases have be	een removed. (Poured onsite concrete bases do not have
to be removed.)		•
All other environmental concern	s have been addressed as per OCD rules.	NMAC. All fluids have been removed from non-
retrieved flow lines and pipelines.	in abandoned in accordance with 19.15.55.10	NIVIAC. All fluids have been femoved from hon-
• • •	emaining well on lease: all electrical service	poles and lines have been removed from lease and well
location, except for utility's distributi		
When all work has been completed, re	eturn this form to the appropriate District offi	ice to schedule an inspection.
	,	
SIGNATURE MY	TITLE VEW	OPERATOR DATE 8-21.)5
		M_ 30 C 2 Hotemas) PHONE: 575-910-03 00
TYPE OR PRINT NAME LARRY	Y MAKKAR E-MAIL: LONY	M_ J&C W HotNA;) PHONE: 575-910-0300
For State Use Only	- ·	~ ~ ~
APPROVED BY: Down	TITLE Coma	liance Officer DATE 9/10/15
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