Submit 1 Copy To Appropriate District Office <u>District 1</u> – (575) 393-6161	State of New Mexico Energy, Minerals and Natural Resources	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO. 30-015-02356
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE X
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC	CES AND REPORTS ON WELLS GALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Russell USA #009
PROPOSALS.) 1. Type of Well: Oil Well X Ga	s Well 🗌 Other	8. Well Number #009
2. Name of Operator LLJ Ventures, LLC DBA Marker O	il and Cas	9. OGRID Number
3. Address of Operator		372279 10. Pool name or Wildcat
Larry Marker		RUSSELL;YATES
4. Well Location		
Unit Letter :: Section 13	feet from the line and Township 20S Range 28E	feet from theline NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR,	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	FENTION TO: SI	UBSEQUENT REPORT OF:
	PLUG AND ABANDON	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE I MULTIPLE COMPL CASING/CEM	
		_
OTHER: OTHER: Image: Complete co		
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
Five year MIT test witnessed by Dan	y Smolik, OCD personnel.	
		RECEIVED
		84AD 1 9 2010
· ·		MAR 1 3 2019
		DISTRICT II-ARTESIA O.C.D.
Spud Date:	Big Balance Data	
	Rig Release Date:	
_	//	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE	TITLE Operator	DATE <u>2-22-2019</u>
Type or print name <u>Larry Marker</u> E-mail address: larrym_gdc@hotmail.com PHONE: <u>(575) 910-0300</u> For State Use Only		
APPROVED BY:	TITLE Como la	officer DATE 3-20-19
Conditions of Approval (if any):	the configuration co	

State of New Mexico Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham Governor

Sarah Cottrell Propst Cabinet Secretary Designate

Todd E. Leahy, JD, PhD Deputy Secretary Gabriel Wade, Acting Director Oil Conservation Division



Date: 2-4-19

API# 30-015-02356

A Mechanical Integrity Test (M.I.T.) was performed on, Well Russell (15A # 08G

 $f_{\rm M.I.T.}$ is successful, the original chart has been retained by the Operator on site. Send a legible scan of the chart with an attached **Original C-103 Form** indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, <u>www.emnrd.state.nm.us/ocd/OCDOnline.htm</u> 7 to 10 days after postdating.

______M.I.T. is unsuccessful, the original chart is returned to the Operator. Repairs will be made, Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect. No expectation of extension should be construed because of this test.

M.I.T. for Temporary Abandonment, shall include a detailed description on Form C-103, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

M.I.T. is successful, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). **Only after receipt of the C-103 will the non**compliance be closed.

M.I.T. is successful, Initial of an injection well, you must submit a form C-103 to NMOCD within 30 days. A C-103 form must include a detailed description of the work performed on this well Including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please contact **Rusty Klein** at **575-748-1283 x109** for verification to ensure documentation requirements are in place prior to injection process.

If I can be of additional assistance, please feel free to contact me at (575) 748-1283 ext.

Thank You, 2. h

ے ہیں۔ Dan Smolik, Compliance Officer EMNRD-O.C.D. District II – Artesia, NM

RECEIVED

MAR 1 8 2019

DISTRICT II-ARTESIA O.C.D.

1220 South St. Francis Drive • Santa Fe, New Mexico 87505 Phone (505) 476-3460 • Fax (505) 476-3462 • www.emnrd.state.nm.us/ocd

