Submit I Copy To Appropriate District Office	State of New Mexico			Form C-103	
² <u>District</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and	Natural Resources	Revised July 18, 2013 WELL API NO.		
<u>District II</u> – (575) 748-1283	OIL CONCEDUAT		30-015-06186		
811 S. First St., Artesia, NM 88210 District III - (505) 334-6178	OIL CONSERVAT			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St.		STATE		
<u>District IV</u> $-$ (505) 476-3460	Santa Fe, N	M 87505	6. State Oil &	c Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOSAL		OR PLUG BACK TO A	7. Lease Nam	e or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Russell USA #		
1. Type of Well: Oil Well X Gas Well 🗌 Other			8. Well Number #049		
2. Name of Operator			9. OGRID Number		
LLJ Ventures, LLC DBA Marker Oil and Gas			372279		
3. Address of Operator			10. Pool name or Wildcat		
Larry Marker		· ·	RUSSELL;YA	ATES	
4. Well Location			·····	·	
Unit Letter::	feet from the	line and	feet	from the line	
Section 13	Township 20S	Range 28E	NMPM	County Eddy	
	1. Elevation (Show whethe		c.)		
	· · · · · · · · · · · · · · · · · · ·				
	PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL cd operations. (Clearly state). SEE RULE 19.15.7.14 N pletion.	REMEDIAL WOI COMMENCE DF CASING/CEMEN OTHER: e all pertinent details, au	RK [RILLING OPNS.] NT JOB [nd give pertinent completions: Attac	P AND A	
Spud Date:	Rig Relea	se Date:			
I hereby certify that the information abo	ove is true and complete to t	the best of my knowled	ge and belief.	······	
A MA			G:	· · ·	
SIGNATURE	TITLE	Operator	DA1	TE_ <u>2-22-2019</u>	
Type or print name <u>Larry Marker</u> For State Use Only	E-mail addres	ss: larrym_gdc@hotma	il.com PHONE	E: <u>(575) 910-0300</u>	
AN' DAVIA					
APPROVED BY: Determined TITLE Complemence of Line DATE 3-20.19 Conditions of Approval (if any):					

Spud Date:	Rig Release Date:	
I hereby certify that the information above is tru	e and complete to the best of my knowled	ge and belief.
SIGNATURE	TITLE Operator	DATE <u>2-22-2019</u>
Type or print name <u>Larry Marker</u> For State Use Only	E-mail address: larrym_gdc@hotma	il.com PHONE: <u>(575) 910-0300</u>
APPROVED BY: Definitions of Approval (if any):	TITLE Comploance O	Mina DATE 3-20-19

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: <u>2019-2-</u>

API# 30-015-06186

A Mechanical Integrity Test (M.I.T.) was performed on, Well Russell USA # 049

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, www.emnrd.state.nm.us/ocd/OCDOnline.htm 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, Dehr

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

િન્ ૦૫૧ Ent LLF Ventures LLC DBA Marker OI NIN Russell USA # 049 30-015-06186 04 8 Sec 13 T 20 R 28 5 year field to 8 Record Ò Recorderor 121907 al dute 12-19-18 ු 6 37 U Ç