Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Resources		October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II	_		WELL API NO. 30-015-01919
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSE RVATION DIVISION		5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Charlivia D		STATE S FEE
District IV	Santa Fe, NM 87805010		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	1.04 2	2010	XO647
SUNDRY NOT	ICES AND REPORTS ON WELLS	ARTESIA	7. Lease Name or Unit Agreement Name
(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.)			ADKINS WILLIAMS STATE
1. Type of Well: Oil Well			8. Well Number 005
2. Name of Operator		9. OGRID Number	
SMITH & MARRS, INC.		020989 10. Pool name or Wildcat	
3. Address of Operator P.O. BOX 863 KERMIT, TX 79745		ARTESIA;QUEEN-GRAYBURG-SA	
4. Well Location		ARTESIA, QUEEN GRATIBORG-OA	
Unit Letter O: 250 feet from the SOUTH line and 1570 feet from the EAST line			
Section 17 Township 18S Range 28E NMPM County EDDY 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	11. Elevation (Show whether DK,	KKD, KI, UK, elc.)	
12. 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			
TEMPORARILY ABANDON DULL OF ALTER CASING	CHANGE PLANS	LLING OPNS. P AND A	
PULL OR ALTER CASING			
DOWNHOLE COMMINGLE L			
OTHER:		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.			
8/17/10 clean out to 850' – tag cement – circulate 140 sacks to surface – install dry hole marker – clean up location – level location -			
C 1 D 4	p' pilos D		
Spud Date:	Rig Release Da	ite:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
Thereby certify that the information above is true and complete to the best of my knowledge and benefit			
SIGNATURE Manual S	TITLE Pro	duction Analyst	DATE8-18-10
The state of the s			
Type or print nameMark HoskinsE-mail address: _mark@mayomarrs.net PHONE:432-586-2844			
For State Use Only			
APPROVED BY: Approved for plugging of well bore only. DATE 8/18/2010			
Conditions of Approval (if any): Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging)			
which may be found at OCD V		Veb Page under	
	Forms,	www.cmnrd.state.nm.us	s/ocd.

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