

Submit 3 Copies  
to Appropriate  
District Office

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Pecos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89

WELL API NO.  
30 015 25152

5. Indicate Type of Lease  
FED ☒ STATE ☐ FEE ☐

6. State Oil & Gas Lease No.  
NMLC058594A

7. Lease Name or Unit Agreement Name  
RED12 LEVERS 12

8. Well No.  
12

9. Pool name or Wellnet  
GB JACKSON QN SA

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.)

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
MARKS AND GARNER PROD. CO LTD

3. Address of Operator  
P O Box 70 LOVINGTON NM 88260

4. Well Location  
Unit Letter L 660 Foot From The N Line and 660 Foot From The W Line  
Section 33 Township 16S Range 29E NM NWSE EDDY County

10. Elevation (Show whether DP, RKB, RT, CR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                                   |                                           | SUBSEQUENT REPORT OF:                               |                                               |
|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|-----------------------------------------------|
| PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>              | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>              | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>             |                                           | CASING TEST AND CEMENT JOB <input type="checkbox"/> |                                               |
| OTHER: <input type="checkbox"/>                           |                                           | OTHER: <input type="checkbox"/>                     |                                               |

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

PERFORATE WELL:  
2 HOLE PER FOOT @ 2416' to 2420'  
ACIDIZE W/ 500 15% NFE  
TEST WELL- INSTALL FLOWLINE & PRODUCE



I hereby certify that the information above is true and correct to the best of my knowledge and belief.

SIGNATURE James H. Buddy Garner TITLE Partner DATE 10-9-00  
TYPE OR PRINT NAME James H. Buddy Garner TELEPHONE NO. 396-5326

(This space for State Use)

APPROVED BY Record Only TITLE  DATE 10/18/2000  
CONDITIONS OF APPROVAL, IF ANY