

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

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

DISTRICT III
1000 E. Riosco Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-03665
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.

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 ☒ GAS ☐ OTHER ☐

2. Name of Operator
MARKS AND GARNER PRODUCTION, LTD. CO.

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

4. Well Location
Unit Letter P Section 6 Township 13S Range 36E N40W LEA County

10. Elevation (Show whether DF, RKB, RT, CR, etc.)
4005.5' GR

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

NOTICE OF INTENTION TO:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐	OTHER: ☐

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.

SET CIBP @ 10,350' W/ 25 SACKS CEMENT ON TOP-WAIT 24 HRS @ TAG
LOAD HOLE W/ GEL

SPOT 25 SACKS @ 7850'-WAIT 24 HRS & TAG
SHOOT 5 1/2" CASING @ FREE POINT- APPX 6000'

SPOT 50 SACKS IN AND OUT OF STUB-WAIT 24HRS & TAG
SPOT 50 SACKS @ 4526'-WAIT 24 HRS & TAG

SPOT 50 SACKS @ 2026'- WAIT 24 HRS & TAG
SHOOT 8-5/8" FREE POINT-APPX 1000'-SPOT 50 SACKS IN AND OUT OF STUB

WAIT 24 HRS & TAG
SPOT 50 SACKS @ 306'-WAIT 24 HRS & TAG
INSTALL DRY HOLE MARKER W/ 10 SACKS @ SURFACE

THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED.

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

SIGNATURE James H. Buddy Garner TITLE Partner DATE 10-22-01

TYPE OR PRINT NAME James H. Buddy Garner TELEPHONE NO. 396-5321

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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