Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C	-103
Revised	1-1-89

District Office		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240  DISTRICT II P.O. Drawer DD, Artesia, NM 88210  OIL CONSERVATION DIVISION P.O. Box 2088  Santa Fe, New Mexico 87504-2088		WELL API NO.
		5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No. 85190
SUNDRY NOTICES AND REPORTS ON W ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEP DIFFERENT RESERVOIR. USE "APPLICATION FOR (FORM C-101) FOR SUCH PROPOSALS.)	EN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL OTHER		W. M. Snyder
2. Name of Operator  Marks & Garner		8. Well No. #1
3. Address of Operator P O Box 70, Lovington, NM 88260		9. Pool name or Wildcat Townsend-Permo, Penn
4. Well Location  Unit Letter G: 1980 Feet From The N	Line and	Feet From The Line
25		NMPM County
Section 35 Township 15 10. Elevation (Show when	Range her DF, RKB, RT, GR, etc.)	NMPM
11. Check Appropriate Box to Indica		
NOTICE OF INTENTION TO:	SUE	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND C	EMENT JOB
OTHER:	OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details work) SEE RULE 1103.  1) Pull Production Equipment 2) Run in hole set CIBP above perfs. 10,20 3) Load hole with 10 lbs. salt gel 4) Cut & Pull 5½" casing 9000 ft ± 5) Spot 25 sx plug at stub of casing woc 8 6) Spot 100 ft plug at Glorietta 6300' 7) Spot 100 ft plug 50/50 of 8 5/8 shoe at 8) Spot 100 ft plug top salt - 1900' 9) Spot 10 sx surface plug 10) Install dry hole marker & clean location	00' cap with 35 f 4 tag 50/50 in & c 2 4750 & tag	t. cement
I hereby certify that the information above is true and complete to the best of my knowledge		DATE / S/3. /. /
SIGNATURE	TILE DOCKESPEL	TELEPHONE NO. 396-5326
TYPEORPRINT NAME Debra M. Necaie		
(This space for State Use)		DEC 2 6 1989
APPROVER GINAL SIGNED BY JERRY SEXTON	TITLE	DATE
CONDITIONS OF APPLICATE ANY SUPERVISOR	2 2 2 1 1 1 1	MUST BE NOTHED 24 THE DECINISHED OF HONS FOR THE C-103