Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

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

OIL CONSERVATION DIVISION

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

WELL API NO.

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
OG-866

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.)

7. Lease Name or Unit Agreement Name
N E Maljamar Unit

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

8. Well No.
1

2. Name of Operator
Marks & Garner Production Company

9. Pool name or Wildcat
West Kemnitz (W.C.)

3. Address of Operator
P O Box 70

4. Well Location
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line

Section 31 Township 16S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4235 Gr.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [X]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		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.

1 - Run 10380' 2 3/8 tubing w/anchor - perf. sub - gas & mud anchor on bottom
2 - Run 1½" x 24' Pump 5000' 3/4 sucker rods and 5380' 7/8" sucker rods
3 - start unit & test well for production

Estimated Starting Date 8-05-92

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

SIGNATURE Debra M. Necaise TITLE Office Manager DATE 08-05-92

TYPE OR PRINT NAME Debra M. Necaise TELEPHONE NO.

(This space for State Use)

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE DATE AUG 04 '92

CONDITIONS OF APPROVAL, IF ANY: