Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energ: inerals and Natural Resources Department

Form	C-103
Revis	ed 1-1-8

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		STATE X FEE 6. State Oil & Gas Lease No.	
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	CES AND REPORTS O PPOSALS TO DRILL OR TO D RVOIR. USE "APPLICATION F 101) FOR SUCH PROPOSAL	EEPEN OR PLUG BACK TO A FOR PERMIT	V-2069 7. Lease Name or Unit Agreement Name
1. Type of Well:			-
WELL X WELL 2. Name of Operator	OTHER		State "P"
Marks & Garner 77. 7/a	· · · · · · · · · · · · · · · · · · ·	Cr.	8. Well No.
3. Address of Operator 4.2.12. P-0 Box 70, Lovington	NM 88260	Anna de la Companya d	9. Pool name or Wildcat Wilson Yates - 7 Rivers
4. Well Location			witson rates / Rivers
Unit Letter B: 100	Feet From The North	Line and1520	Feet From The East Line
Section 24	Township 21S	Range 34E	NMPM Lea County
	10. Elevation (Show	whether DF, RKB, RT, GR, etc.)	NMPM County
11. Check A		icate Nature of Notice, Ro	anost or Other Date
NOTICE OF INT		,	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB
OTHER:		OTHER:	
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all persinent d	etails, and give pertinent dates, includ	ling estimated date of starting any proposed
Rig up set CIBP @ 3675'	Perf 2 shots per	ft. at 3542 - 3547 -	49 - 51 - 53 - 55 - 57 - 59 -
80 - 82 - 90 - 92 - 98 -	3600 - 02 - 06 -	10 - 14 - 18 - 20 t	reat with 500 gallons
15% NEFE acid - frac wit	h 74,000 lbs 20 -	40 sand and 84 tons	CO ₂ returned to production
flow 700 MCF per day.			2
I hereby certify that the information above is true	and complete to the best of my knowl	edge and belief,	
SIGNATURE SIGNATURE	and	Partner	DATE
TYPE OR PRINT NAME James H.	Garner		TELEPHONE NO.
(This space for State Use)			
AJTROVED BY		— тпе	DATE
			DAIL