

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. 30 025-30 030

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-2069

7. Lease Name or Unit Agreement Name

State "P"

8. Well No.

6

9. Pool name or Wildcat

Wilson Yates - 7 Rivers

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 & Garner *Production Co.*

3. Address of Operator

P O Box 70, Lovington, NM 88260-0070

4. Well Location

Unit Letter B : 100 Feet From The North Line and 1520 Feet From The East Line

Section 24

Township 21S

Range 34E

NMPM

Lea

County

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

3668.4' GL

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.

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 treat with 7000 gallons

15% NEFE acid - return to prod. flow 24 hrs. 122 MCF - 11 BW - waiting on pipeline connection.

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

SIGNATURE *James H. Garner* TITLE Partner DATE 2-20-91

TYPE OR PRINT NAME James H. Garner TELEPHONE NO. 396-5326

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: