

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. <u>30-025-30334</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3668.4' GL

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Marks & Garner <i>fracturing co.</i>
3. Address of Operator P O Box 70, Lovington, NM 88260	4. Well Location Unit Letter <u>B</u> : <u>100</u> Feet From The <u>North</u> Line and <u>1520</u> Feet From The <u>East</u> Line Section <u>24</u> Township <u>21S</u> Range <u>34E</u> NMPM Lea County
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 BP at 3675' perf one shot per ft at 3540' - 3559', 3580' - 3620' frac with
108,000 20-40 sand 114 tons CO₂.

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 1-25-91
TYPE OR PRINT NAME James H. Buddy Garner TELEPHONE NO. 396-5326

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: