

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

N. M. O. C. C. COPY  
SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved  
Budget Bureau No. 42-R1424.

**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—" for such proposals.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR <u>Mark Production Company</u></p> <p>3. ADDRESS OF OPERATOR <u>330 Citizens Bank Bldg., Tyler, TX 75701</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  <u>2310' from West Line and 990' from South Line</u></p> <p>14. PERMIT NO.</p>		<p style="text-align: center; font-size: 1.5em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">JUN 11 1975</p> <p style="text-align: center; font-weight: bold;">O.C.C. ARTESIA, OFFICE</p> <p>5. LEASE DESIGNATION AND SERIAL NO. <u>NM 19673</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Federal "D"</u></p> <p>9. WELL NO. <u>1</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Square Lake</u></p> <p>11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA <u>27-T16S-R30E</u></p> <p>12. COUNTY OR PARISH <u>Eddy</u></p> <p>13. STATE <u>New Mexico</u></p>																									
<p>15. ELEVATIONS (Show whether DF, RT, CR, etc.) <u>3761.7 GL</u></p>		<p>16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">NOTICE OF INTENTION TO:</th><th colspan="2">SUBSEQUENT REPORT OF:</th></tr></thead><tbody><tr><td>TEST WATER SHUT-OFF</td><td><input type="checkbox"/></td><td>WATER SHUT-OFF</td><td><input checked="" type="checkbox"/></td></tr><tr><td>FRACTURE TREAT</td><td><input type="checkbox"/></td><td>FRACTURE TREATMENT</td><td><input type="checkbox"/></td></tr><tr><td>SHOOT OR ACIDIZE</td><td><input type="checkbox"/></td><td>SHOOTING OR ACIDIZING</td><td><input type="checkbox"/></td></tr><tr><td>REPAIR WELL</td><td><input type="checkbox"/></td><td>(Other)</td><td><input type="checkbox"/></td></tr><tr><td>(Other)</td><td><input type="checkbox"/></td><td colspan="2">(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</td></tr></tbody></table>		NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input checked="" type="checkbox"/>	FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>	(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:																									
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input checked="" type="checkbox"/>																								
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>																								
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>																								
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>																								
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)																									

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) \*

Spudded at 12:00 noon on 5/28/75. Ran 9 Jts. 8-5/8" Casing (592') set at 508', cemented w/100 sacks cement. P.D. @ 10:45 on 5/28/75. Lost circulation at 375', re-cemented w/200 sacks. Pressure tested casing 30 min. to 1000# psi, held okay. WOC 18 hrs.

Ran 85 Jts. of 4-1/2" casing (3139') (2200' of 11.6#, 939' 10.5#), cemented w/350 sacks Class "C", 5# salt per sack, CFR2 3/4 of 1%. P.D. at 12:45 a.m. on 6/3/75. Ran temp. survey, top cement 2060'. Pressure tested casing 30 min. to 1000 psi, held okay. WOC 18 hrs.

RECEIVED

JUN 10 1975

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature]

TITLE Production Clerk

DATE 6/5/75

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

JUN 10 1975

H. L. BEEKMAN

DISTRICT ENGINEER

\*See Instructions on Reverse Side