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

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

DISTRICT III
1000 E. Benson Rd., Artesia, NM 87410

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

WELL APT NO. 30 015 02880
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B11662
7. Lease Name or Unit Agreement Name CAVE POOL UNIT
8. Well No. 12
9. Pool name or Wildcat GB JACKSON QN 7RVRS SA

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 ☒ GAS ☐ OTHER ☐
Name of Operator MARKS AND GARNER PRODUCTION LTD. CO.
Address of Operator P O Box 70 LOVINGTON, NM 88260

Well Location Unit Letter E, 1980, Post From The N Line and 660 Post From The WEST Line
Section 4 Township 17S Range 29E NM/M EDDY County
10. Elevation (Show whether DF, RKB, RT, CR, etc)

1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PLUG AND ABANDON ☐	COMMENCE DRILLING OPNS. ☐
CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐
NULL OR ALTER CASING ☐	PLUG AND ABANDONMENT ☐
OTHER: Compliance Request ☐	OTHER: ☐

2. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1101.

FOR EVALUATION & TEST PURPOSES:
RIG UP SWAB WELL FOR 8 HOURS
REPORT PRODUCTION & CHANGES

THIS DOES NOT MEET CRITERIA FOR
BRINGING WELL INTO COMPLIANCE



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

SIGNATURE <u>James H. Buddy Garner</u>	TITLE <u>Partner</u>	DATE <u>11-4-00</u>
TYPE OR PRINT NAME <u>James H. Buddy Garner</u>	TELEPHONE NO. <u>396-5326</u>	

This space for State Use

APPROVED BY <u>Miles Stillfield</u>	TITLE <u>Field Rep. II</u>	DATE <u>11/8/2000</u>
CONDITIONS OF APPROVAL, IF ANY:		