

Submit 3 Copies  
to Appropriate  
District Office

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

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

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

DISTRICT III  
1000 Alameda Rd., Aztec, NM 87410

WELL AM NO.  
30-015-24732

5. Indicate Type of Lease  
LEASE ☒ STATE ☐ FEE ☐

6. State Oil & Gas Lease No.  
E10163

7. Lease Name or Unit Agreement Name  
THEOS STATE #001

8. Well No.  
1

9. Pool name or Wildcat  
GB JACKSON ON 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 ☐

2. Name of Operator  
MARKS AND GARNER PROD LTD CO

3. Address of Operator  
P O Box 70 LOVINGTON NM 88260

4. Well Location  
Unit Letter G : 1650 Post From The N Line and 1650 Post From The E Line

Section 5 Township 17S Range 29E NMPM EDDY County

10. Elevation (Show whether DE, REB, RT, CR, etc.)  
3613

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                                       |                                           | SUBSEQUENT REPORT OF:                               |                                               |
|---------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|-----------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/>                | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>              | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>                  | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>                 |                                           | CASING TEST AND CEMENT JOB <input type="checkbox"/> |                                               |
| OTHER: COMPLIANCE REQUEST <input checked="" type="checkbox"/> |                                           | OTHER: <input type="checkbox"/>                     |                                               |

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 SWAB TEST WELL FOR 8 HOURS  
REPORT PRODUCTION

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 James H. Buddy Garner TITLE Partner DATE 10-9-00

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

(This space for State Use)

APPROVED BY BG DATE OCT 18 2000

CONDITIONS OF APPROVAL

For Record Only