

5F/yile

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well ☐ gas ☐ well ☐ other Water injection
2. NAME OF OPERATOR
Marks & Garner Production Co. ✓
3. ADDRESS OF OPERATOR
P. O. Box 763, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310' FSL & 330' FWL of Sec. 21
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

- | | | |
|----------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
- (other) Locate & Repair Casing Leak

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.)*

It is proposed to locate casing leak and repair by squeeze cementing as necessary.

89250 LEASE
NM-025778-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. FARM OR LEASE NAME
North Shugart Queen Unit

8. FARM OR LEASE NAME

9. WELL NO.
7

10. FIELD OR WILDCAT NAME
Shugart

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T18S, R31E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. API NO.

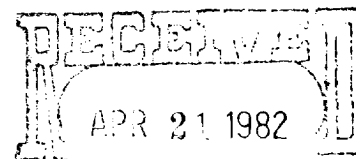
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3644

RECEIVED

APR 23 1982

O. C. D.
ARTESIA, OFFICE

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Peter W. Chester TITLE Agent DATE 4/20/82

APPROVED (This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

APPROVED
(Orig. Sgd.) PETER W. CHESTER
APR 22 1982
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

See instructions on Reverse Side