

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use 'APPLICATION FOR PERMIT' for such proposals

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993	
5. Lease Designation and Serial No.  LC-062269E	
6. If Indian, Allottee or Tribe Name	
7. If Unit or CA, Agreement Designation	
8. Well Name and No.  Ernest Federal #1	
9. API Well No.  30-025-08163	
10. Field and Pool, or Exploratory Area  Double X; Delaware	
11. County or Parish, State  Lea, NM	

*SUBMIT IN TRIPLICATE*

1. Type of Well

☒ Oil Well    ☐ Gas Well    ☐ Other

2. Name of Operator

Marks and Garner Production LTD Co.

2. Address

P.O. Box 1089, Hobbs, NM 88240

Telephone No.

505-397-6302j

3. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)

660' FnL & 330' FWL

Sec. 23, T24S, R32E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>RETURN TO PRODUCTION</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

Replaced flow lines and repaired separator. Returned to production 6/28/06.

24-hour test: 1 BO, 2 BW, & 0 MCF

**DENIED**

**Denied! Lease LC-062269(e) Expired  
08-29-2002! Well Must Be Plugged &  
Abandoned!**



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

Signed Debbie McKelvey

Title Quinton Welborn (Principal) by Debbie McKelvey Agent

Date 7/18/06

(This space for Federal or State office use)

Approved by DAVID R. CLARK

Title ENGINEER

Date JUL 27 2006

Conditions of approval, if any:

G  
W  
W