

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.  
NMLC ~~06229A~~ 062269A

6. If Indian, Allottee or Tribe Name

**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

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
Federal CG 22 #1

9. API Well No.  
30-025-28753

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.  
505-397-6302

3. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1980' FNL & 1980' FWL  
Sec. 22, 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 checked="" type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> Other <u>RETURN TO PRODUCTION</u>
	<input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water <small>(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)</small>

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 downhole pump. Returned to production 5/10/06.

24-hour test: 3 BO, 6 BW, 0 MCF



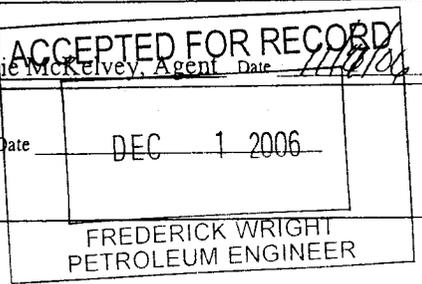
14. I hereby certify that the foregoing is true and correct

Signed Debbie McKelvey Title Quinton Welborn (Principal) by Debbie McKelvey, Agent Date 11/21/06

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date DEC 1 2006

Conditions of approval, if any:



GWW