

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

API NO. (assigned by OCD on New Wells)

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

Z-854

7. Lease Name or Unit Agreement Name

Baum 704-JB-D

8. Well No.

9. Pool name or Wildcat

Baum Upper Penn

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☒

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL WELL ☒

GAS WELL ☐

OTHER ☐

SINGLE ZONE ☐

MULTIPLE ZONE ☐

2. Name of Operator

Marks & Garner Production Company

3. Address of Operator

P O Box 70, Lovington, NM 88260

4. Well Location

Unit Letter A : 660 Feet From The North Line and 510 Feet From The East Line

Section 2 Township 14S Range 32E NMPM Lea County

10. Proposed Depth

10,100

11. Formation

Penn

12. Rotary or C.T.

Reverse Unit

13. Elevations (Show whether DF, RT, GR, etc.)

4303 KB

14. Kind & Status Plug. Bond

15. Drilling Contractor

16. Approx. Date Work will start

3-02-92

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2	12 3/4	33.38#	389'	375 sx circ	
11	8 5/8	24, 28 & 32#	4020	400 sx	
7 7/8	5 1/2	17#	10100	300 sx	

It is proposed to drill plugs & circulate hole clean to top of 5 1/2" casing stub at 8336'. Run 5 1/2" casing and tie into stub with casing bowl. Drill remainder of plugs and circulate hole clean to 10,100. Test for production from existing profile.

Blowout preventor sketch attached.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE

Debra M. Hester

TITLE

Office Manager

DATE

2-28-92

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

APR 20 '92

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Marks & Garner Production Company			Lease Baum 704 JV-D		Well No. 1
Unit Letter A	Section 2	Township 14S	Range 32E	County NMPM	Lea
Actual Footage Location of Well: 660 feet from the North line and 510 feet from the East line					
Ground level Elev. 4303'	Producing Formation Penn		Pool Baum Upper Penn		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.

2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☐ Yes

☐ No

If answer is "yes" type of consolidation

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, force-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

OPERATOR CERTIFICATION

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

Signature

Printed Name

Debra M. Necaise

Position

Office Manager

Company

Marks & Garner Prod. Co.

Date

February 28, 1992

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of
Professional Surveyor

Certificate No.

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

2010 10/25/92 15.75

RECEIVED

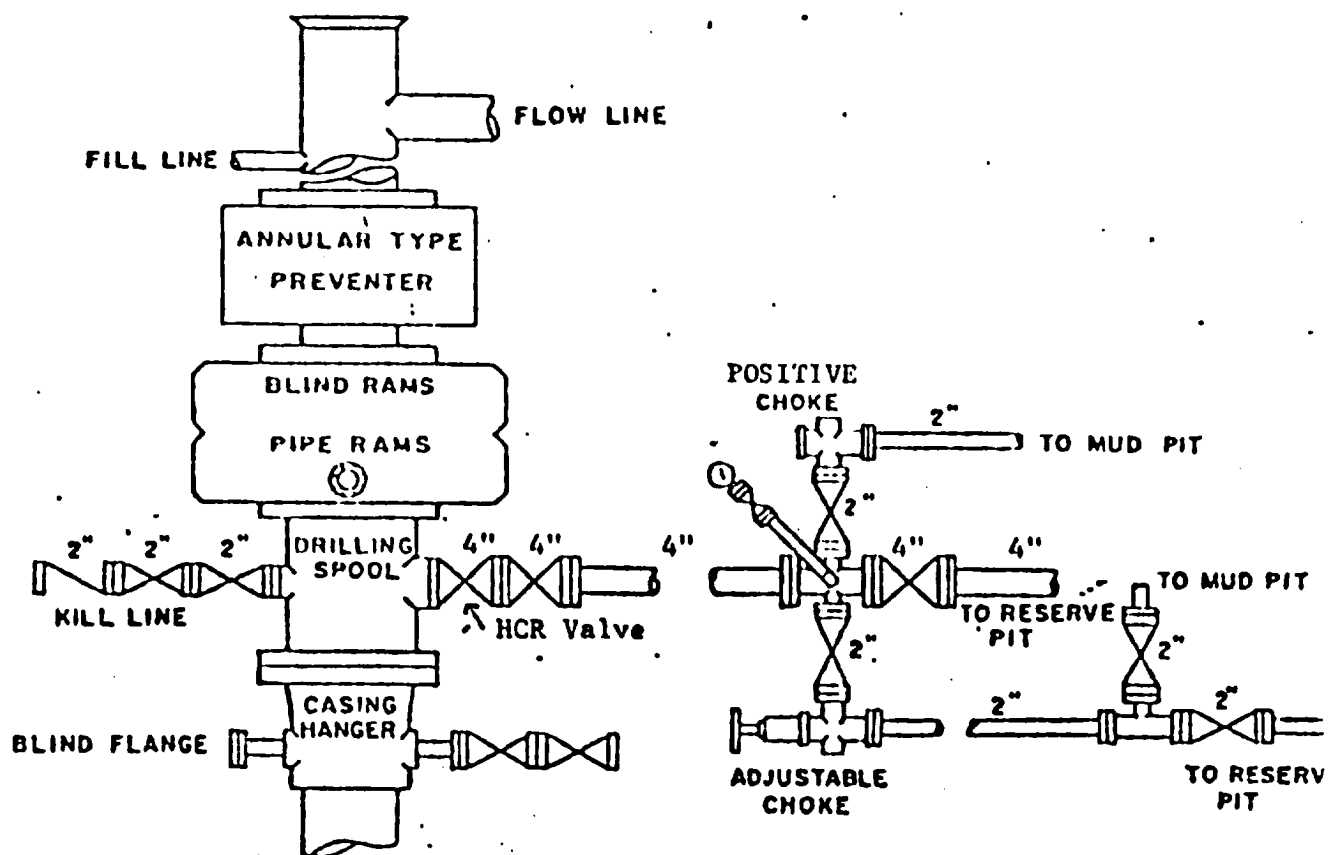
MAR 10 1992

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