

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

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

DISTRICT III
1000 N. Main St., Aztec, NM 87410

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

WELL API NO. 30 025 22720
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. SWD 057

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 WELL ☒ GAS WELL ☐ OTHER ☐ SWD ☐
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2. Name of Operator MARKS AND GARNER PRODUCTION LTD CO

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

7. Lease Name or Unit Agreement Name HUMBLE "X" SWD
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8. Well No. 1

9. Pool name or Willcox MORTON PERMO PENN NORTH
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10. Well Location Unit Lease J 510 Feet From The NORTH Line and 1830 Feet From The WEST Line

Section 6 Township 15S Range 35E NMPM LEA County
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10. Elevation (Show whether DF, RKB, RT, CR, etc.)
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Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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.**

8-5/8 CASING SET @ 4600' OPEN HOLE 4600'-5600' PBTD SA FMT
122 JOINTS 2-3/8" J-55 TUBING W/ BAKER AD-1 TENSION PACKER
SET @ 3601' RH RELEASE

ESTABLISH FLOW RATE 3BBLPM W/ PRODUCED WATER & PUMP 50 SACKS CEMENT
ALLOW SET 24 HRS---RELEASE PACKER & PUMP 50 SACKS IN & OUT OF CASING
SHOE---SET 24 HRS & TAG
SET 35 SACKS @ 1600'--TOS--SET 24 HRS & TAG
POOH & FREEPOINT CASING---SHOOT @ APPX 1000' & LAY DOWN CASING
SET 50 SACKS IN & OUT OF STUB--SET 24 HRS & TAG
SET 35 SACKS @ 396' & TAG
SET DRYHOLE MARKER W/ 10 SACKS @ SURFACE

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE CASE TO BE APPROVED.

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 11-9-00

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE NOV 13 2000

CONDITIONS OF APPROVAL, IF ANY

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