

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC.  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

18-079540

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Conoco-Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

D-K

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 30-T20S-R39E

12. COUNTY OR PARISH

Lea

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Mark Production Company

3. ADDRESS OF OPERATOR

1101 S. Jones Building, Dallas, Texas 75201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

1960' FSL & 1960' FEL of Sec. 30-T20S-R39E, Lea County,  
New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3560' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐  
☐

PULL OR ALTER CASING

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☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Production Start

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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

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.)\*

5-9-60 - 1-1/2" 11.0" 1200 sec @ 7470' and cemented 12.0" 11.0" 1200 sec @ 7470'.  
Tested with 1100 psi pressure for 30 minutes. No drop. Raw temperature  
survey. Top of cement at 3674'.

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

SIGNED

*Layton Thompson*

TITLE Assistant Secretary

DATE -12-70

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side