

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1960
HOBBS, NEW MEXICO 88240

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

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

SUBMIT IN TRIPLICATE

| | |
|--|--|
| 1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 7. If Unit or CA, Agreement Designation |
| 2. Name of Operator MARKS & GARNER PRODUCTION CO | 8. Well Name and No. U S SMELTING #3 |
| 3. Address and Telephone No. POB 70 LOVINGTON NM 88260 | 9. API Well No. 300250815900S1 |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FSL 660' FEL NESE 22 24S 32E | 10. Field and Pool, or Exploratory Area DOUBLE X DELAWARE |
| | 11. County or Parish, State LEA COUNTY NM |

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 checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input type="checkbox"/> Other _____ |
| | <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 |

(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.)*

REPAIRED PUMPJACK 8-22-94
TEST 1 BBL OIL PER DAY 0 WATER

RECEIVED

OCT 12 11 05 AM '94

CARE AREA

RECEIVED
OCT 7 3 07 PM '94
BUREAU OF LAND MGMT.
HOBBS, NM.

24 1994

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14. I hereby certify that the foregoing is true and correct
Signed Samuel P. Chandler Title PARTNER Date 10-7-94
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: