

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
MORRIS, NEW MEXICO 88240
FORM APPROVED
Bureau Order 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
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

MARKS & GARNER PRODUCTION CO

3. Address and Telephone No.

POB 70 LOVINGTON NM 88260 505 396 5326

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2310' FNL 990' FWL
SWNW 22 24S 32E

5. Lease Designation and Serial No.

NMLC-062269A*MAK

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

GRAHAM #3

9. API Well No.

30025285500S1

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

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other _____
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

REPAIR DOWNHOLE PUMP 7-22-94
TEST 30MCF GAS PER DAY 2 BBL WATER

RECEIVED
OCT 12 11 05 AM '94
CARL AREA
HRS

24 1994

SV

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

Signed [Signature] Title PARTNER Date 10-7-94

(This space for Federal or State office use)

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

RECEIVED

OCT 26 1994

OFFICE