Submit 3 Copies to Appropriate District Office	P.U. BOX 2088 Santa Fe. New Mexico 87504-2088		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210			WELL API NO. 30-015-27861 5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			STATE X FEE 6. State Oil & Gas Lease No.
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		7. Lease Name or Unit Agreement Name STINKING DRAW	
2. Name of Operator Marathon Oil Company	OTHER		8. Weil No.
3. Address of Operator P.O. Box 552, Midland, TX	79702		9. Pool name or Wildcat S. DAGGER DRAW/UP PENN ASSOC
4. Well Location Unit Lotter 19 1 990	Feet From The NORTH	Line and	Feet From The WEST Line
Lot 4 Section 36	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc	NMPM EDDY County
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON	REMEDIAL WORK	OPNS. D PLUG AND ABANDONMENT
PULL OR ALTER CASING			
OTHER:		OTHER: NEW WEL	L COMPLETION X
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.			
10/18/94: MIRU PU. NU and test BOP. Drilled out DV tool @ 6282. C/O to 7912'. Circ hole clean w/2% KCL. Ran GR/CCL/USIT/CBT. Pressure tested CSG to 2000 PSI test ok. Perforated 7668-76, 7682-7715 W/2 JSPF (84 holes). Using PIN POINT INJECTION TOOL acidized 7668-7715 W/5400 gallons 15% HCL. Swabbed and flowed back to frac tank. POOH W/treatment string. Installed 2 7/8" production Tbg. Set Baker A-3 LOK-SET Pkr. @ 7515'. Loaded backside & tested Pkr seal to 1000 PSI. Test OK. ND BOP. NU Wellhead. RDMO PU.			
7.19h			
			, office
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE ADV. ENG. TECH. DATE 11/1/94			
SIGNATURE // // //	<u>и / / / // п</u> п	LE ADV. ENG. TECH.	DATE 11/1/94

TITLE

(This space for State Use)

APPROVED BY_

SUPERVISOR, DISTRICT IL

NOV 1 0 1994

TELEPHONE NO. 915-682-16

CONDITIONS OF APPROVAL, IF ANY:

TYPE OR PRINT NAME Thomas M. Price