

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

2157
OP

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO.
30-015-27891

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
E-10169

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.) RECEIVED

7. Lease Name or Unit Agreement Name
Stinking Draw

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
1

2. Name of Operator
Marathon Oil Company

9. Pool name or Wildcat
S. Dagger Draw Upper Penn

3. Address of Operator
P.O. Box 552, Midland, TX 79702

SEP 16 '94
O.C.D.
ARTESIA, OFFICE

4. Well Location
Unit Letter Lot 2 : 660 Feet From The North Line and 1650 Feet From The East Line
Section 36 Township 20 1/2 S Range 23-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GL: 3644' KB: 3657

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING
OTHER:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. 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.

MIRU PU. Set CHK valve in on/off tool @ 7607. Opened sliding sleeve @ 7474'. Retrieved CHK valve. Set 1.87 FSG plug @ 7474. Opened Sliding sleeve @ 7442. Installed rods and 1 3/4" pump. Hung well off and turned to production facility.

Test after work: 36 BO, 479 BW, 245 MCF.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Thomas M. Price TITLE Advanced Eng. Tech. DATE 9-13-94

TYPE OR PRINT NAME Thomas M. Price TELEPHONE NO. 915-687-83

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE OCT 12 1994

CONDITIONS OF APPROVAL, IF ANY: