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State of New Mexico

DEC

DATE

6 1994

to Appropriate District Office	Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 Santa For Navy Marriag 87504 2088		rorm C-10 Revised 1-	
DISTRICT I P.O. Box 1980, Hobbs NM 88240 DISTRICT II			WELL API NO. 30-015-27976	
P.O. Drawer DD, Artesia, NM 88210		0 87504-2088	5. Indicate Type of Lease STATE X	FEE 🗌
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. E-10169	1220
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.)		LS.	E-10169	
		RMIT"	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL X WELL	OTHER		STINKING DRAW	
Name of Operator Marathon Oil Company	22.	Out of the second of the secon	8. Well No.	
3. Address of Operator P.O. Box 552, Midland, TX			9. Pool name or Wildcat S. DAGGER DRAW, UPPER PE	NN
4. Well Location Unit Letter F 660	Feet From The SOUTH	Line and 1980		Line
Section 36	Township 20 1/2-SOUTH	Range 23-EAST ↑	NMPM EDDY	County
	10. Elevation (Show whet GL:3658 KB:36	ther DF, RKB, RT, GR, etc	2.)	
11. Check Ap	opropriate Box to Indicate	Nature of Notice,	Report, or Other Data	<u> </u>
	NTENTION TO:		SEQUENT REPORT OF	:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDON	MENT _
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
OTHER:		OTHER: ADDITIONAL	L COMPLETION WORK NEW WELL	X
12. Describe Proposed or Completed Operation of SEE RULE 1103. MIRU PU. NU BOP. POOH W/W/4 JSPF. RIH W/ PKR ON SEE RULE 1103. HIRU PU. NU TREE TEST PKR TO HCL. KICKED WELL OFF FLOW	TBG AND PKR. PERFED UPP 2 7/8" PRODUCTION TBG. LAN 3 1000 PSI. TEST OK. PULLE	ER PENN 7526-36, 7 IDED PKR @ 7357' I	OADED RACKSIDE WITH DKD	proposed
			NOV 28:194	
			C 2 D	
			C SIAL OFFICE	
I hereby certify that the information above is t	rue and complete to the best of my knowled	ge and belief.		
SIGNATURE Thomas m	nee	TLE ENG. TECH.	DATE 11/18/9	4
TYPE OR PRINT NAME Thomas M. Pr	ice		TELEPHONE NO. 915-6	87-83
(This space for State Lice)				

TITLE

SUPERVISOR, DISTRICT FO

APPROVED BY___

ONDITIONS OF APPROVAL, IF ANY: