NO. OF COPIES RECEIVED							Form C-103 Supersedes Old
DISTRIBUTION].					C-102 and C-103
SANTA FE		NE'	W MEXICO OIL	CONS	ERVATION COMMISSION		Effective 1-1-65
FILE		<u>.</u>				` ,	5a. Indicate Type of Lease
U.S.G.S.					P		State Fee X
LAND OFFICE							5. State Oil & Gas Lease No.
OPERATOR							3. State On G Gas Leads 1101
						·	ummmmm
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.)							7. Unit Agreement Name
1. OIL X GAR WELL		OTHER-					
2. Name of Operator							8. Farm or Lease Name
Marathon Oil Company 3. Address of Operator							J. M. Denton 9. Well No. 9
Box 220 Hobbs, New Mexico							9
4. Location of Well							10. Field and Pool, or Wildcat
UNIT LETTER L 1980 FEET FROM THE South LINE AND 990 FEET FROM							Denton Wolfcamp
THE West	INE, SECT	10N	TOWNSHIP	15	37 E	_ NMPM.	
THIIIIIIIII	1111	15.		whether	DF, RT, GR, etc.)		12. County
			3796 GR				Lea /////////
16.	Chack	Appropriate	Box To India	cate N	ature of Notice, Report	or Oth	er Data
		INTENTION T			SUBSEC	QUENT	REPORT OF:
	1					- -1	ALTERING CASING
PERFORM REMEDIAL WORK	ļ		PLUG AND ABAND	ON []	REMEDIAL WORK COMMENCE DRILLING OPNS.	╡	PLUG AND ABANDONMENT
TEMPORARILY ABANDON	╡				CASING TEST AND CEMENT JOB	_	Test and admission
PULL OR ALTER CASING	J		CHANGE PLANS	اـــا	OTHER Temporari	ilv al	bandon x
					51NCX		
OTHER							
17. Describe Proposed or Con	mpleted (Operations (Clear	rly state all perti	nent det	ails, and give pertinent dates, in	cluding	estimated date of starting any proposed
work) SEE RULE' 1 108.							
Total	Dent	h 93201.	On last pr	oduct	ion test well produc	ced l	00% water and
was t	empor	arily aban	doned pend	ing f	urther study. Tubii	ng ha	s not been re-
moved	from	the well.	•			. –	•
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				.	of my Image of and 5-11-6		
18. I hereby certify that the	informati	on above is true	and complete to t	ne pest	or my knowledge and better.		
0. 1	^	D A	۸		Amental Count		Tom 70 7047
SIGNED	<u>`M</u>	echlor	717	LE	Assit. Supt.		DATE Jan. 12, 1965
	7	•	<u> </u>				
	1						and the same of th
APPROVED BY				LE			DATE

CONDITIONS OF APPROVAL, IF ANY: