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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Marathon Oil Company	8. Farm or Lease Name J. M. Denton
3. Address of Operator P.O. Box 2409, Hobbs, New Mexico 88240	9. Well No. 12
4. Location of Well UNIT LETTER <u>N</u> <u>2310</u> FEET FROM THE <u>West</u> LINE AND <u>990</u> FEET FROM THE <u>South</u> LINE, SECTION <u>11</u> TOWNSHIP <u>15-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat Denton Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) DF 3808'	12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☒ Perforate additional Wolfcamp interval

17. 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.

TD 9255', PBTD 9220'. Perforated 5-1/2" casing @ 8994-95, 9000, 02, 04, 06, 08, 38, 40, 42, 46, 47, 57, 58, 62, 65, and 67' w/1 JSPF. Acidized new perforations w/6000 gals. 15% Dolotrol acid. Maximum rate 4 bbl./minute. Average rate 3 bbl/min. Average pressure 2950 psi, Maximum pressure 3850 psi, Minimum pressure 2350 psi. Good ball action. ISDP 200 psi. One minute - vacuum.

Well producing by artificial lift 116 BOPD and no water.

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

SIGNED J. M. Denton TITLE Acting Area Supt. DATE 11-15-73

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: