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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. - - - -	
7. Unit Agreement Name - - - -	
8. Farm or Lease Name J. M. Denton	
9. Well No. 13	
10. Field and Pool, or Wildcat Denton Wolfcamp	
12. County Lea	

**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.)

OIL WELL  GAS WELL  OTHER

1. Name of Operator  
Marathon Oil Company

2. Address of Operator  
P. O. Box 220, Hobbs, New Mexico 88240

3. Location of Well  
UNIT LETTER M 990 FEET FROM THE South LINE AND 990 FEET FROM  
THE West LINE, SECTION 11 TOWNSHIP 15S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
3810' DF

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Shut well in</u> <input checked="" type="checkbox"/>

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 12,679', PBD 9,400'. Well shut in November 1, 1966, pending remedial work to shut off water.

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

SIGNED C. A. Hill Jr. TITLE Area Supt. DATE 3-13-68

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE MAR 15 1968

CONDITIONS OF APPROVAL, IF ANY: