	_			
NO. OF COPIES RECEIVED	_			
DISTRIBUTION	_	Supersedes Old C-102 and C-103		
SANTA FE	NEW MEXICO OIL CONS	NEW MEXICO OIL CONSERVATION COMMISSION		
FILE				
U.S.G.S.			Sa. Indicate Type of Lease	
LAND OFFICE			State X Fee	
OPERATOR			5, State Oil & Gas Lease No.	
			A-261.l ₄	
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.)				
I. OIL GAS OTHER.			7. Unit Agreement Name	
2. Name of Operator			8. Farm or Lease Name	
Marathon Oil Company			State McDonald A/ C 1"B"	
3. Address of Operator			9. Well No.	
Box 220 Hebbs, New Mexico			15	
4, Location of Well			10. Field and Pool, or Wildcat	
UNIT LETTER J 1650 FEET FROM THE South LINE AND 2310 FEET FROM			South Eunice	
UNIT LETTER			minimini "	
East	3 6 22 S	36 E		
THE East LINE, SECTION 36 TOWNSHIP 22 S RANGE 36 E HMPN			*(
mmmmm	15. Elevation (Show whether	DE RT CR etc.	12. County	
	3427' Gr	br, kr, ok, ekt.y	Lea	
Chec	ck Appropriate Box To Indicate N	ature of Notice, Report or O	ther Data	
NOTICE OF	FINTENTION TO:	SUBSEQUEN	NT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	,	
		OTHER		
OTHER Perforate & treat section in same				
producing zone				
17. Describe Proposed or Complete	d Operations (Clearly state all pertinent dete	nils, and give pertinent dates, includi	ng estimated date of starting any proposed	
work) SEE RULE 1103.				
			^3	
It is proposed to perforate the "upper" Queen section of this well in 52" csg				
from 36221 to 36721 with 26 shots and treat section through these				
perforations with 1500 gallons acid and 10,000 gallon sand-oil frac.				
Well is presently producing from the "lower" Queen section through perf-				
orations in $5\frac{1}{2}$ " casing from 3694' to 3722'. We propose to commence this				
work imme	adiataly.	- 5,12a • In Inst		
WOLL LIEU	,			
	,			
	_		•	
	-			
				
18. I hereby certify that the informa	ation above is true and complete to the best	of my knowledge and belief.		
		•		
SIGNED allust m	echler, or TITLE	Assit. Supt.	2-17-65	
	• 1			

CONDITIONS OF APPROVAL, IF ANY: