

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

2040 Pacheco St.  
Santa Fe, NM 87505

**DISTRICT I**  
P.O. Box 1980, Hobbs NM 88241-1980

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.  
**30-025-05909**

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
**Bertha Barber**

8. Well No.  
**4**

9. Pool name or Wildcat  
**Eumont; Yates / 7 Rivers (Gas)**

**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. Type of Well:  
OIL WELL  GAS WELL  OTHER

2. Name of Operator  
**Marathon Oil Company**

3. Address of Operator  
**P.O. Box 2409 Hobbs, NM 88240**

4. Well Location  
Unit Letter **K** : **1980** Feet From The **South** Line and **1980** Feet From The **West** Line  
Section **5** Township **20-S** Range **37-E** NMPM **Lea** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**GL 3571 KB 3581**

11. 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: **RC to Upper Eumont & Stimulate**

ALTERING CASING   
PLUG AND ABANDONMENT

12. 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.

Marathon Oil Company has completed the work to the above referenced well.  
Please see attachment for summary of work performed.

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

SIGNATURE *Kelly Cook* TITLE Records Processor DATE 11/21/97  
TYPE OR PRINT NAME Kelly Cook TELEPHONE NO. 393-7106

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 11/25/97

CONDITIONS OF APPROVAL, IF ANY: