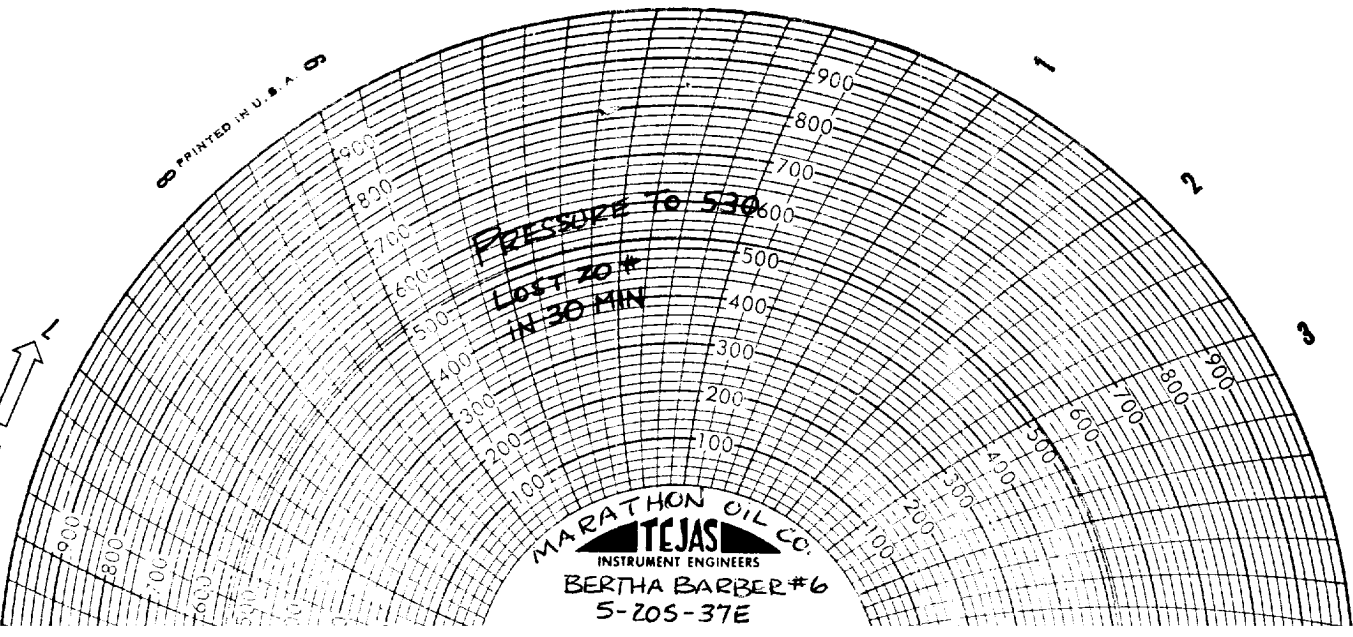


PRINTED IN U.S.A.

5 DAY

PRESSURE TO 530
LOST 20*
IN 30 MIN

MARATHON OIL CO.
TEJAS
INSTRUMENT ENGINEERS
BERTHA BARBER #6
5-205-37E



Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

| |
|---|
| WELL API NO. 3002505911 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. 33520 |
| 7. Lease Name or Unit Agreement Name BERTHA BARBER |
| 8. Well No. 06 |
| 9. Pool name or Wildcat EUNICE MONUMENT (G-SA) |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL 3558' KB 3569' |

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER |
| 2. Name of Operator Marathon Oil Company |
| 3. Address of Operator P.O. Box 552 Midland, Tx. 79702 |
| 4. Well Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>5</u> Township <u>20-S</u> Range <u>37-E</u> NMPM LEA County |

11. 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"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input checked="" type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| OTHER: _____ <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: _____ <input type="checkbox"/> |

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.

- 1 MIRU Kill truck.
- 2 Load csg. Pressure Csg, Tbg. annulus from Pkr @ 3080' to surface to 500 PSIG. Hold and monitor for 30 Minute test. Bleed off pressure.
- 3 RDMO Kill truck.

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

SIGNATURE Thomas M Price TITLE Adv. Eng. Tech. DATE 5/1/92
 TYPE OR PRINT NAME Thomas M. Price TELEPHONE NO. 915/687/8327

(This space for State Use)

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

