

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
811 S. 1st Street, Artesia, NM 88210-2834

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.	30-025-33469
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	McNeil
8. Well No.	1
9. Pool name or Wildcat	Wildcat
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	G.L. - 3595', KB - 3613

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 _____ Feet From The _____ South _____ Line and _____ 1980 Feet From The _____ East _____ Line Section 22 Township 19-S Range 38-E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) G.L. - 3595', KB - 3613	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
OTHER: _____ ☐

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.
See Attached for Detail

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

SIGNATURE

Walter J. Nordt

TITLE Drilling Superintendent

DATE 8/13/96

TYPE OR PRINT NAME D. P. Nordt

TELEPHONE NO. 915/687-8344

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: