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LAND OFFICE		
OPERATOR		

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 Fee

5. State Oil & Gas Lease No.
L-6497

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REEVAL OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER _____

2. Name of Operator
Marathon Oil Company

3. Address of Operator
P.O. Box 2409, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER J 1980 FEET FROM THE South LINE AND 1980 FEET FROM
THE East LINE, SECTION 16 TOWNSHIP 5-N RANGE 31-E NMPM.

7. Unit Agreement Name
- - -

8. Form or Lease Name
State 16

9. Well No.
1

10. Field and Pool, or Wildcat
Wildcat

15. Elevation (Show whether DF, RT, GR, etc.)
GL 4627.7'

12. County
Curry

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>FULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER _____ <input type="checkbox"/></p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER _____ <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input checked="" type="checkbox"/></p>
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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 6576'. PBTD 2800'. Set 10 sacks cement plug in top of 8-5/8" casing.
Installed dry hole marker. Well plugged and abandoned 4-11-73.

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

SIGNED *C. A. Hill* TITLE Area Superintendent DATE 4-17-73

APPROVED BY *John W. Ramsey* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: