

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505



WELL API NO.	30-015-25827
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. NM LC-064391-B	
7. Lease Name or Unit Agreement Name Indian Basin	
8. Well Number INDIAN HILLS 6	
9. OGRID Number 14021	
10. Pool name or Wildcat INDIAN BASIN UPPER PENN ASSOC	

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

**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 ☐ JUN 16 2008

2. Name of Operator  
Marathon Oil Company **OCD-ARTESIA**

3. Address of Operator  
PO Box 3487 Houston, TX 77253

4. Well Location  
Unit Letter N : 560 feet from the FSL line and 1550 feet from the FWL line  
Section 20 Township 21S Range 24E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	Test CIBP & Cement after casing leak
OTHER: <input type="checkbox"/>		OTHER: repair <input checked="" type="checkbox"/>	

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

5/20/08 RIH with Halliburton RTTS packer on 2 7/8" tubing. Set packer @ 8060'. RU swab and lubricator. Perform negative pressure test on casing below perfs. Made 1 swab run w/ no blow. Fluid level @ 7600'. RD reverse unit to tubing. RU pressure chart recorder. Pressure up on tubing to 500 psi and record for 30 minutes. Pressure held good for 30 minutes. Blow pressure and unset packer. TOOH with 2 7/8" tubing. LD RTTS packer. RIH with kill string.

Verbal approval had been obtained from Wesley Ingram- BLM the day prior to set CIBP @8450' w/ 35' cement on top.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Susi Campos TITLE Assistant Reg Tech DATE 6/11/08

Type or print name  
**For State Use Only**

E-mail address:

Telephone No.

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of Approval (if any): \_\_\_\_\_

Accepted for record - NMOCD