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OPERATOR	1

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.  
**B-936**

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator <b>Marian Production Comp any</b> ✓	8. Farm or Lease Name <b>Ets State</b>
3. Address of Operator <b>P.O. Box 355, Monahans, Texas</b>	9. Well No. <b>5</b>
4. Location of Well UNIT LETTER <b>I</b> , <b>2510</b> FEET FROM THE <b>South</b> LINE AND <b>990</b> FEET FROM THE <b>East</b> LINE, SECTION <b>16</b> TOWNSHIP <b>17-S</b> RANGE <b>30-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Grayburg Jackson</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3686 3685 GR</b>	12. County <b>Eddy</b>

16. 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

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.

**Propose to cement 4 1/2" casing at 2100 feet with 100 sacks and complete as a Queen Sand producer from 2100 to 2125. Plan to sand frac and put on pump.**

RECEIVED

SEP 15 1966

D. C. C.  
ARTERIAL OFFICE

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

SIGNED *[Signature]* TITLE **Petroleum Engineer** DATE **9/13/66**

APPROVED BY *W. A. Gressett* TITLE **OIL AND GAS INSPECTOR** DATE **SEP 15 1966**

CONDITIONS OF APPROVAL, IF ANY: