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RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION
DEC 21 1976

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

O. C. C.
ARTESIA. OFFICE

5a. Indicate Type of Lease State ☐ Fee ☒
5. State Oil & Gas Lease No. -
7. Unit Agreement Name -
6. Farm or Lease Name Arnquist Estate
9. Well No. 2
10. Field and Pool, or Wildcat Undesignated
12. County Eddy

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

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
Marathon Oil Company

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

Location of Well
UNIT LETTER A 330 FEET FROM THE North LINE AND 330 FEET FROM
THE East LINE, SECTION 29 TOWNSHIP 18S RANGE 26E NMPM.

11. Elevation (Show whether DF, RT, GR, etc.)
3422' G.L.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
ULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	OTHER ☐

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. Drilled 8 3/4" hole to 3000'.
2. Ran Gamma Ray-Sidewall Neutron and Dual Induction Laterolog from T.D. to 1200'; Gamma Ray from 1200' to surface.
3. Set 7", 23#/ft. casing at 3000'.
4. Cemented with 684 sacks Class "C" 50/50 Pozmix containing 2% Gel, 0.75% CFR-2 and 5# salt/sack. Cement circulated.
5. WOC 24 hours. Tested casing to 1000 psi. Held okay.

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

PREPARED BY Robert J. Querschel TITLE Petroleum Engineer DATE December 20, 1976

PROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE DEC 21 1976

CONDITIONS OF APPROVAL, IF ANY: