

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 88241-1980

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
**30-015-22040**

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
**Andrew Arnquest Estate**

8. Well No.  
**4**

9. Pool name or Wildcat  
**Penasco Draw (YSRQSA)**

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**GL 3427' KB 3437'**

**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

2. Name of Operator  
**Marathon Oil Company**

3. Address of Operator  
**P.O. Box 2490 Hobbs, NM 88240**

4. Well Location  
Unit Letter **H** : **1650** Feet From The **North** Line and **430** Feet From The **East** Line  
Section **29** Township **18-S** Range **26-E** NMPM **Eddy** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**GL 3427' KB 3437'**

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

**NOTICE OF INTENTION TO:**

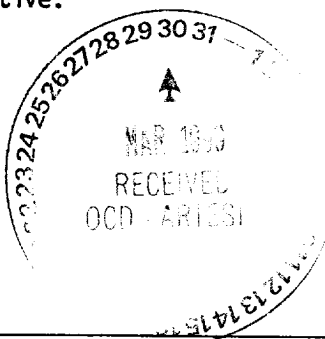
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: **Request TA Status** ☒

**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.

Marathon Oil Company is requesting mechanical integrity test to be done 3/30/99 as per conversation with Gary Williams, OCD Representative.



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

SIGNATURE Kelly Cook TITLE Records Processor DATE 3/29/99

TYPE OR PRINT NAME Kelly Cook TELEPHONE NO. 393-7106

(This space for State Use)

APPROVED BY M. S. Shultz TITLE Field Rep II DATE 4-7-99  
CONDITIONS OF APPROVAL, IF ANY:

**This Approval of Temporary  
Abandonment Expires 2004**