Submit 3 Copies

conditions of approval if and of Temporary Abandonment Expires 2004

State of New Mexico



to Appropriate District Office	Energy, Minerals and Natura	l Resources Department		Rev	ised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St.		WELL API NO.		
DISTRICT II	Santa Fe, NM 87505		30-015-22040		
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of	of Lease STATE	FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas		PEE (A)
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"			7. Lease Name or Unit Agreement Name		
(FORM C-101) FOR SUCH PROPOSALS.)			Andrew Arngu	ist Estate	
1. Type of Well: OIL GAS WELL X WELL	OTHER				
2. Name of Operator			8. Well No.		· · · · · · · · · · · · · · · · · · ·
Marathon Oil Company			4		
3. Address of Operator P.O. Box 2490 Hobbs, NM 88240			9. Pool name or Wildcat		
4. Well Location	1240		Penasco Draw	(YSRQSA)	
Unit Letter <u>H</u> : <u>1650</u>	Feet From The North	Line and 43	Feet From	n The E	Ist Line
Section 29	Township 18-S	Range 26-E	NMPM	Eddy	County
	'////////	ether DF, RKB, RT, GR, etc	-		
11. Check An		_ 3427' KB 3437'			
	propriate Box to Indicat	<u>'</u>			
NOTICE OF INTENTION TO: SUE			SSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CAS	SING [
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABA	
PULL OR ALTER CASING		CASING TEST AND CE			
OTHER:		OTHER: Request T	A Status		
was witnessed by NMOCD F	ducted the mechanical in	tegrity test for thi	is well on Marc	ch 30. 1999.	. The test
ok'd.				24110	
load hole w/1 bbl 2% KCL	. water. Pressured up to	400 nei Held ok for	15 minutora?	, 610 mz /3 ;	42 x
Lodd Hore Wil DD F EA ROL	water. It essuited up to	too par. Held ok tol	15 11111111111111111	∳	3
			(m)	the state of	
			101	$\mathcal{Q}_{\mathcal{E}D^{*}}$	
			17	Ch Spring	
				*1 * 7	
I hereby certify that the information above is to	ne and complete to the best of my knowled	edge and belief.			· · · · · · · · · · · · · · · · · · ·
SIGNATURE KALLY LOOK		TITLE Records Process	or	DATE	4/5/99
TYPE OR PRINT NAME Kelly Cook				TELEPHONE NO.	393-7106
(This space for State Use)					

TITLE FIELD Rep. 2 DATE 4-15-99.