Submit 3 Copies to Appropriate District Office	State of New Mex Energy, Minerals and Natural Re OIL CONSERVATIO	esources Department	Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco S	WELL ADI		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 8	7505 5. Indicate	<u>30-015-29837</u> Type of Lease	
DISTRICT III			STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil	& Gas Lease No.	
	ICES AND REPORTS ON WELL	V/////////////////////////////////////		
(FORM C-101) FOR SUCH PROPOSALS.)		AIT"	7. Lease Name or Unit Agreement Name David Crockett 27 State	
1. Type of Well: OIL GAS WELL WELL X	OTHER	3h 172		
2. Name of Operator		JAN 1998 G Well No		
Marathon 011 Company	. 4 . 	RECEIVED OF Pool not		
3. Address of Operator P.O. Box 2409 Hobbs. NM 88	3240	OCD ADTESIA VIOLINI	ne or Wildcat nois Camp: Atoka	
4. Well Location		S.		
Unit Letter <u>K</u> : <u>165</u>	Feet From The South		et From The West Line	
Section 27	Township 18S Rat	age 28E NMPM	Eddy County	
	10. Elevation (Show whethe	r DF, RKB, RT, GR, etc.) 3559 KB 3575		
11. Check Ap	propriate Box to Indicate N		or Other Data	
NOTICE OF INTENTION TO: SUE			ENT REPORT OF:	
		REMEDIAL WORK		
		COMMENCE DRILLING OPNS.		
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER:		OTHER: <u>New Well Completio</u>	nX	

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 011 Company has completed the above referenced well. RBP at 10,000'. Cement plug at 10,499'.

11/21/97 MIRU pulling unit. ND wellhead. NU BOPE. PU 2 3/8" tbg w/ret tool and RIH. Retrieve RBP at 10,000". TOOH, lay down RBP. RIH w/2 3/8" tbg and pkr. Set pkr at 9978". Test tbg in hole to 7000 psi. Pickle tbg w/500 gals acid. Circ out acid. Latch back on/off tool. Test tbg, csg, pkr and on/off tool to 1000 psi. ND BOPE. NU wellhead. Test wellhead to 5000 psi. RIH w/wireline. RIH, equalize plug, retrieve plug & POOH. RU and swab well. Well started flowing. Hook up to testing equipment. RD pulling unit.

I hereby certify that the information above is true and complete to the best of my signature	TITLE Records Processor	DATE	1/7/98
TYPE OR PRINT NAME Kelly Cook		TELEPHONE NO.	393-7106
(This space for State Use)			
DISTRICT II SUFERVISUR	TITLE	DATE 2	-17-98