

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 1930, 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.
30-015-29837

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
David Crockett 27 State

8. Well No.
1

9. Pool name or Wildcat
Travis; Upper Penn

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GL 3559 KB 3575

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 2409 Hobbs, NM 88240

4. Well Location
Unit Letter **K** : **1650** Feet From The **South** Line and **1980** Feet From The **West** Line
Section **27** Township **18S** Range **28E** NMPM **Eddy** County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GL 3559 KB 3575

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **Place well on Rod Pump** ☒

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.

2/2/99 MIRU pulling unit. ND wellhead. NU BOP. POOH w/tbg. POOH w/pkr. RIH w/2 7/8" tbg. ND BOP.
NU wellhead. RIH w/pump & rods.
2/6/99 RD pulling unit.

TAC at 9495'.
SN at 9896'.
Bottom of tbg 9929'.



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 2/10/99

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

(This space for State Use)

APPROVED BY Jim W. Gunn TITLE District Supervisor DATE 2-27-99

CONDITIONS OF APPROVAL, IF ANY: