

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.  
30-015-30315

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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 552 Midland, TX 79702

4. Well Location  
Unit Letter E : 1876 Feet From The NORTH Line and 490 Feet From The WEST Line  
Section 34 Township 18-S Range 28-E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3531' G.L.

7. Lease Name or Unit Agreement Name  
SAMUEL BURNS "34" STATE

8. Well No.  
2

9. Pool name or Wildcat  
TRAVIS - UPPER PENN

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: ☐

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.

SEE ATTACHED FOR DETAIL.

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

SIGNATURE Walter J. Duce TITLE DRILLING SUPERINTENDENT DATE 7/26/98

TYPE OR PRINT NAME D. P. NORDT

TELEPHONE NO. 915/687-8356

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

7-10-98