

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.

7. Lease Name or Unit Agreement Name

Samuel Burns 34 State
DHC No. 2207

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

8. Well No.

2

9. Pool name or Wildcat

Travis; Upper Penn / Wolfcamp

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.)

GL 3531' KB 3542'

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: Downhole Commingle ☒

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.

3/9 MIRU pulling unit. POOH w/pump & rods. ND wellhead. NU BOP. TOH w/tbg. RIH w/sandline drill. Tag CIBP at 9625'. Knock out plug.

3/11 Chase plug to 9788'. Start out of hole w/bailer. Sandline parted at 6500'.

3/14 Fished sandline and bailer.

3/15 RIH w/dc's. Tag plug at 9880'. POOH, lay down collars & bit. RIH w/2 7/8" tbg. ND BOP and set TAC. NU wellhead.

3/16 RIH w/pump & rods. Load & test, OK. RD pulling unit.

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 3/17/99

TYPE OR PRINT NAME

Kelly Cook

TELEPHONE NO. 393-7106

(This space for State Use)

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

3-23-99

CONDITIONS OF APPROVAL, IF ANY: