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.
30-015-30322

5. Indicate Type of Lease
STATE [X]   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.)

7. Lease Name or Unit Agreement Name

BUCHANAN 33 STATE

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

2. Name of Operator
Marathon Oil Company

8. Well No.
#2

3. Address of Operator
P.O. Box 552 Midland, TX 79702

9. Pool name or Wildcat
TRAVIS - UPPER PENN

4. Well Location
Unit Letter A : 830 Feet From The NORTH Line and 447 Feet From The EAST Line

Section 33   Township 18-S   Range 28-E   NMPM   EDDY   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11.   **Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [X]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [X]	
OTHER: _____ [ ]		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. Duncan_   TITLE DRILLING SUPERINTENDENT   DATE 8/21/98

TYPE OR PRINT NAME D. R. HALL   TELEPHONE NO. 915/687-8356

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____   TITLE _____   DATE 9-2-98

CONDITIONS OF APPROVAL, IF ANY: