

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.
30-015-30367

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 2490 Hobbs, NM 88240

7. Lease Name or Unit Agreement Name
George Pagan 26 State

8. Well No.
2

9. Pool name or Wildcat
Travis; Upper Penn

4. Well Location
Unit Letter **L** : **2010** Feet From The **South** Line and **330 992** Feet From The **West** Line
Section **26** Township **18-S** Range **28-E** NMPM **Eddy** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GL 3514' KB 3532'

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

NOTICE OF INTENTION TO:

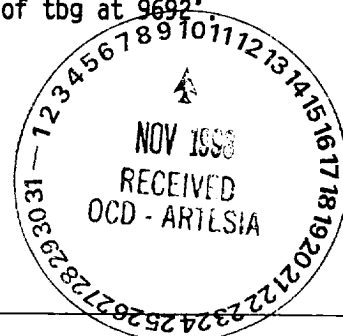
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **New Well Completion** ☒

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.

10/17 MIRU pulling unit. ND wellhead. NU BOPE. RIH w/DC's. Tag cmt at 8431'. Drilled cmt to DV tool at 8470'. Circ clean. Drilled to 9942'.
10/22 Pickle tbq w/750 gals 15% HCL. RIH w/prod assy. set pkr at 9655'. End of tbq at 9692'.
10/23 ND BOP. NU wellhead. Swab well. Flow test well. RD PU.



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

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE 11-16-98
CONDITIONS OF APPROVAL, IF ANY: