			CVST	
Submit 3 Copies to Appropriate	State of New Mez Energy, Minerals and Natural R		Form C-103	
District Office		tooources Department	↓ Revised 1-1-89	
DISTRICT I	OIL CONSERVATIO	DN DIVISION	1	
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	87505	30-015-30367 5. Indicate Type of Lease	
			STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
		031		
SUNDRY NOTICES AND REPORTAON WELLS				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OF ODEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name	
(FORM C-101) FOR SUCH PROPOSALS.			George Pagan 26 State	
1. Type of Well: OIL GAS		5. Qa. 6		
	OTHER	JUC 3		
2. Name of Operator	60, 12, 1	0	8. Well No.	
Marathon 011 Company			2	
2. Name of Operator Marathon 011 Company 3. Address of Operator P.O. Box 2490 Hobbs, NM 88240 4. Wall Leasting			9. Pool name or Wildcat	
P.O. Box 2490 Hobbs, NM 88 4. Well Location	240		Travis: Upper Penn	
Unit Letter L : 2010	Feet From The South	Line and	For Feet From The West Line	
		q	10 Enic	
Section 26		nge 28-E	NMPM Eddy County	
	10. Elevation (Show whethe			
II. Check An				
	propriate Box to Indicate N	1		
NOTICE OF IN	TENTION TO:	SOR:	SEQUENT REPORT OF:	
		REMEDIAL WORK		
	CHANGE PLANS	COMMENCE DRILLING	OPNS. DPLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEM		
OTHER:		OTHER: Acidize	X	

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.

11/11/98 MIRU coil tbg unit. NU BOP. RIH to TD. PU tool to 9870'. Spot 13 bbls xylene, displace w/2% KCL water. Pull coil tbg to 9555'. RIH w/tool to 9870'. Acidize open hole interval w/2500 gals 15% HCL acid, displace w/2% KCL water. RU nitrogen truck. PU to 5500'. Broke circulation. RD nitrogen truck. POOH w/coil tbg. ND BOP. RD coil tbg unit. Hook well up to flowline.

I hereby certify that the inform SIGNATURE	nation above is true and complete to the be	st of my knowledge and belief.	Processor Date	11/17/98
TYPE OR PRINT NAME Ke]	ly Čook		TELEPHONE	NO. 393-7106
(This space for State Use)	Sim W. Sur	w BO Dit	ut Supervisor	
APPROVED BY		TITLE	DATE	11-21-98