

Submit 3 Copies
to Appropriate
District Office

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

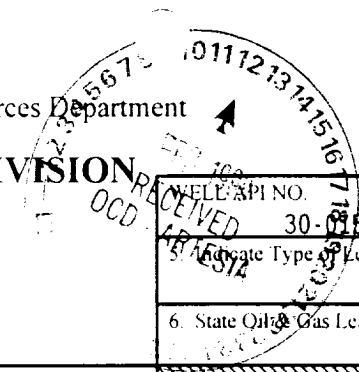
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505



WELL API NO.	30-015-30935
5. Lease Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>

6. State Oil & Gas Lease No.	
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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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>

2. Name of Operator Marathon Oil Company

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

4. Well Location Unit Letter <u>B</u> <u>450</u> Feet From The <u>NORTH</u> Line and <u>2100</u> Feet From The <u>EAST</u> Line Section <u>34</u> Township <u>18-SOUTH</u> Range <u>28-EAST</u> NMPM <u>LEA</u> County
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7. Lease Name or Unit Agreement Name BURNS 34 STATE
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8. Well No. 3

9. Pool name or Wildcat TRAVIS, UPPER PENN

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3535' G.L.
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <input type="checkbox"/>

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 <u>Walter J. Longmire</u>	TITLE <u>DRILLING SUPERINTENDENT</u>	DATE <u>2/8/99</u>
TYPE OR PRINT NAME <u>R. J. LONGMIRE</u>	TELEPHONE NO <u>915/687-8356</u>	

(This space for State Use)

APPROVED BY <u>Jim W. Longmire</u>	TITLE <u>District Supervisor</u>	DATE <u>2-15-99</u>
CONDITIONS OF APPROVAL, IF ANY		