

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 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

FEB 01 1993

WELL API NO.  
30-015-22694

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
352350

7. Lease Name or Unit Agreement Name  
INDIAN HILLS STATE COMM

8. Well No.  
2

9. Pool name or Wildcat  
STRAWN

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 552 Midland, Tx. 79702

4. Well Location  
Unit Letter P : 660 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section 36 Township 20S Range 24E NMPM EDDY County

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

GL: 3643 KB: 3656

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input 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.

MARATHON OIL CO. RECENTLY COMPLETED W/O OPERATIONS ON THIS WELL. THE WORK IS DETAILED ON THE ATTACHED HISTORY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Thomas M Price TITLE ADVANCED ENGINEERING TECH. DATE 1-29-9

TYPE OR PRINT NAME THOMAS M. PRICE TELEPHONE NO. 915-682-1626

(This space for State Use)

APPROVED BY [Signature] TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY: