

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.

30-015-22694

Indicate Type of Lease

STATE ☒

FEE

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name

Indian Hills State Comm

Well No.

2

Pool name or Wildcat

Cemetery; Morrow

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.)

Type of Well:

OIL  
WELL

GAS  
WELL

☒

OTHER

Name of Operator

Marathon Oil Company

Address of Operator

PO Box 2409 Hobbs, New Mexico 88240

Well Location

Unit Letter P 660 Feet From The South Line and 660 Feet From The East Line  
Section 36 Township 20 S Range 24E NMPM Eddy County

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

3643

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 ANBANDONMENT

CASING TEST AND CEMENT JOB

OTHER:

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 3/4 @ 410' TOC @ surface, 8 5/8 @ 3000' TOC @ surface, 4 1/2 @ 9747' TOC @ 4360'

Set CIBP @ 9337' Circ well with P & A mud

Spot 25 sks @ 9337'

Spot 25 sks @ 8160'

Spot 25 sks @ 7159'

Spot 25 sks @ 6200'

Cut and pull 4 1/2" casing from 50' below shoe.

Spot 100' stub-shoe plug (50' in 50' above shoe) woc & tag

Spot 100' surface shoe plug @ 460' woc & tag

Spot 10 sk surface plug 15'-surface

Cut off wellhead & anchors 3' BGL. Install dry hole marker

Notify OCD 24 hrs. prior to any work done

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

SIGNATURE

*Jack Shelton*

TITLE Agent

DATE 02-25-02

TYPE OR PRINT NAME Jack Shelton

TELEPHONE NO 915-523-5155

(This space for State Use)

APPROVED BY

*[Signature]*

TITLE

*[Signature]*

DATE MAR 13 2002

CONDITIONS OF APPROVAL, IF ANY:

*[Faint handwritten notes at the bottom of the page]*