

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.

30-015-27456

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-10083

7. Lease Name or Unit Agreement Name

INDIAN HILLS STATE COM

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Marathon Oil Company

8. Well No.

6

3. Address of Operator

P.O. Box 552, Midland, TX 79702

9. Pool name or Wildcat

SOUTH DAGGER DRAW UPPER PENN ASSOC.

4. Well Location

Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line

Section 36 Township 20-South Range 24-East NMPM Eddy County

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

GL:3631' KB:3647'

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: RECLASSIFY WELL FROM GAS WELL TO OIL WELL ☒

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.

Because the gas production rate has declined, this well should be reclassified as an Oil Well instead of a GAS Well. A recent test from this well is as follows:

10/1/99 - 34 BOPD, 297 MCFD, & 160 BWPD GOR = 8,735 CF/BBL

Please change your records to reflect this change in classification.

NOTE: THIS CHANGE DOES NOT EFFECT THE ACREAGE DEDICATION FOR THIS PRORATION UNIT. THE STANDARD OIL PRORATION UNIT IN THE SOUTH DAGGER DRAW UPPER PENN ASSOCIATED POOL IS 320 ACRES.

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

SIGNATURE

Ginny Larke

TITLE Engineer Technician

DATE 10/8/99

TYPE OR PRINT NAME

Ginny Larke

TELEPHONE NO. 915-682-1626

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

1-19-00

CONDITIONS OF APPROVAL, IF ANY: