

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs NM 88240

P.O. Box 2088

DISTRICT II
811 S. 1st Street, Artesia, NM 88210-2834

Santa Fe, New Mexico 87504-2088

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

WELL API NO. 30-025-27486

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
Indian Hills State Comm

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
8

2. Name of Operator
Marathon Oil Company

9. Pool name or Wildcat
Dagger Draw U. Penn;Assoc., S

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

4. Well Location
Unit Letter M : 976 Feet From The South Line and 660 Feet From The West Line
Section 36 Township 20-S Range 24-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GL:3631

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 type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Remove Dual tubing string.</u> <input checked="" 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.
MIRU PU. NU BOP. POOH with all Tubing and dual Packer. RIH and retrieved Packer. Reset packer @ 7429'. Installed 2 7/8" tubing. Tested annulus and packer to 500 PSIG. ND BOP. NU wellhead. Turned well to production facility.

RECEIVED
JUN 9 1995
OIL CON. DIV.
DIST. 2

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE [Signature] TITLE AET DATE 6/7/95
TYPE OR PRINT NAME Tom Price TELEPHONE NO. 915/687/8324

(This space for State Use)
APPROVED BY ORIGINAL SIGNED BY TIM W. GUM TITLE _____ DATE JUN 16 1995
DISTRICT II SUPERVISOR
CONDITIONS OF APPROVAL, IF ANY: