Submit 3 Copies to Appropriate District Office	State of New Mer Energy, Minerals and Natural R	lesources Department	CIST 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	OIL CONSERVATE 2040 Pacheco Santa Do NM	St. 7505	WELL API NO. 30-015-22625 5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	1	ECEIVED	6. State Oil & Gas Lease No.	
(DO NOT USE THIS FORM FOR PR DIFFERENT RESE	ICES AND REPORTS ON WEL OPOSALS TO DRILL OR TO DEPOSALS RVOIR. USE "APPLICATION PORPER -101) FOR SUCH PROPOSALS.)	LS OR PLUG BACK TO A MIT	7. Lease Name or Unit Agreement Name State 19 Com	
2. Name of Operator Marathon 011 Company 3. Address of Operator P.O. Box 2490 Hobbs. NM 8			8. Well No. 2 9. Pool name or Wildcat South Millman Morrow	
4. Well Location Unit Letter N : 860	Feet From The South	Line and205	57 Feet From The <u>West</u> Line	
Section 19	Township 19-S R 10. Elevation (Show wheth		NMPM Eddy County	
II. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
PULL OR ALTER CASING	-	CASING TEST AND CE		
OTHER:		OTHER:		

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. is in the process of selling this property. The prior operator of this well found a casing leak from 2850'-4950'. Marathon Oil Co. will either repair the casing leak and recomplete or P&A the well if there is no pending lease sale. Plugging the well at this time could result in loss of value to the prospective buyer. Marathon requests to not take action on this well, but to let the purchaser assume responsibility. Full disclosure of this leak will be made to the prospective buyers.

Approval Conditions: On Fluid Level being below 4950'. Please determine Fluid Level in wellhore. Report to 0.C.D

I hereby certify that the information above is true and complete to the best of my SIGNATURE	knowledge and belief. TITLE Production Engineer	date10/3/00
TYPE OR PRINT NAME Andrew Schwandt		TELEPHONE NO. 505-393-7106
(This space for State Use)		
APPROVED BY NEELS WEELL	TITLE Field Reg. I	DATE 10/15/7002