Support 3 Conies

State of New Mexico

	,
Form C-103 Revised 1-1-89	
Revised 1-1-89	

to Appropriate District Office	Energy, Minerals and Natural Re	esources Department		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88241-198 DISTRICT II	Santa Fe, NM 8	St.	WELL API NO.	
P.O. Drawer DD, Artesia, NM 88210	·		5. Indicate Type of Lease	re XI Fee
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	10		6. State Oil & Gas Lease No	
			o. State Off & Gas Lease 140	•
1	OTICES AND REPORTS ON WELL			
DIFFERENT RE (FORM	PROPOSALS TO DRILL OR TO DEEPEN O SERVOIR. USE "APPLICATION FOR PERM MC-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A MIT"	7. Lease Name or Unit Agre	
1. Type of Well: OIL GAS WELL X WELL				5,,,,,
2. Name of Operator	OTHER			
Marathon Oil Company			8. Well No.	
3. Address of Operator		····	#1 9. Pool name or Wildcat	
P.O. Box 552 Midland, TX	79702		TURKEY TRACK NORTH	(MORROW)
4. Well Location Unit Letter K: 1	980 Feet From The SOUTH	100		
Oint Letter K 1	980 Feet From The SOUTH	Line and 198	Feet From The	WEST Line
Section 4	Township 19-S Ran	nge 28-E	NMPM EDDY	County
	10. Elevation (Show whethe		.)	
II. Check	Appropriate Roy to Indicate 1	3544'	Donort or Other D	
once Appropriate Dox to indicate Nature of Notice,			SEQUENT REPO	
DEDECTIVE DESIGNATION OF THE PROPERTY OF THE P]			лт о г.
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	(G CASING U
TEMPORARILY ABANDON	J CHANGE PLANS L	COMMENCE DRILLING		D ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB X	
OTHER:		OTHER:		
12. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertinent deta	tils, and give pertinent dat	tes, including estimated date o	f starting any proposed
SEE ATTACHED FOR DETA	ſL			
				5 '
I hereby certify that the information above				

I hereby certify the	at the information above is the and complete to the best of my kn	owledge and belief. TITLE DRILLING SUPERINTENDENT	DATE	3/27/	78
TYPE OR PRINT NA	ME D. P. NORDT		TELEPHONE NO.	915/687-8356	
(This space for Sta	ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR	TITLE		1.190	_
CONDITIONS OF A	PPROVAL, IF ANY:	THEE	DATE	0-1-18	