

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-27976
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-10169
7. Lease Name or Unit Agreement Name STINKING DRAW
8. Well No. 2
9. Pool name or Wildcat S. DAGGER DRAW, UPPER PENN

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.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	RECEIVED AUG 04 '94
2. Name of Operator Marathon Oil Company	O. C. D. ARTESIA, OFFICE
3. Address of Operator P.O. Box 552, Midland, TX 79702	
4. Well Location Unit Letter F : 660 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 36 Township 20 1/2-SOUTH Range 23-EAST NMPM EDDY County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL:3658 KB:3676

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: **ADDITIONAL COMPLETION WORK NEW 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.

POOH W/ WORK STRING PKR AND PLUG. INSTALLED 2 7/8" TBG/PKR @ 7576'. LOADED BACKSIDE
W/INHIBITED FLUID. SET PKR. ND BOP. NU WELLHEAD. TESTED BACKSIDE TO 1500 PSI FOR 30 MIN.
TEST OK. RDMO PU. TURNED WELL TO TEST ON 48/64" CHK.

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

SIGNATURE Thomas M. Price TITLE ENG. TECH. DATE 8-3-94

TYPE OR PRINT NAME Thomas M. Price TELEPHONE NO. 915-687-83

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE AUG 2 5 1994
CONDITIONS OF APPROVAL, IF ANY: