

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

c/sf  
dy

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. <b>30-015-30878</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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.)

1. Type of Well:

OIL WELL ☐

GAS WELL ☒

OTHER

2. Name of Operator

Marathon Oil Company

7. Lease Name or Unit Agreement Name

INDIAN HILLS UNIT

8. Well No.

23

3. Address of Operator

P.O. Box 552, Midland, TX 79702

9. Pool name or Wildcat

INDIAN BASIN MORROW

4. Well Location

Unit Letter N : 660 Feet From The SOUTH Line and 1900 Feet From The WEST Line

Section 16 Township 21-S Range 24-3 NMPM EDDY County

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

GI - 4102' KB - 4120'

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: ☐

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.

SEE ATTACHED.



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

SIGNATURE Jerry Fletcher TITLE Drilling Engineer Technician DATE 4/19/00

TYPE OR PRINT NAME Jerry Fletcher TELEPHONE NO. 915-682-1626

(This space for State Use)

Jim W. Gern  
District Supervisor

District Supervisor

APR 25 2000

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: