

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

SEP 24 '90

WELL API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L4762
7. Lease Name or Unit Agreement Name MARATHON STATE "COM"
8. Well No. 1
9. Pool name or Wildcat BALDRIDGE CANYON MORROW

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
W. A. MONCRIEF, JR.

3. Address of Operator
MONCRIEF BUILDING, NINTH @ COMMERCE, FT. WORTH, TEXAS

4. Well Location
Unit Letter J : 1980 Feet From The SOUTH Line and 1680 Feet From The EAST Line
Section 11 Township 24S Range 24E NMPM EDDY County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
KB 4170 4156.4 GR

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: PLUG BACK ☒

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.

9-6-90 Set CIBP at 10,200' with 35' cmt on top to plug off perforations from 10,324' to 10,567'. Perforate Strawn from 9366'-86', 9402'-10' and 18'-32'. ISPF with csg gun. Set pkr at 9190'.

9-8-90 Acidize with 5000 gal 15% NEFE

Post ID-2
5-3-91
PKA mor

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

SIGNATURE Patsy Holcomb TITLE AGENT DATE 9-20-90

TYPE OR PRINT NAME PATSY HOLCOMB TELEPHONE NO. 817 336-7232

(This space for State Use) ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE SEP 26 1990

CONDITIONS OF APPROVAL, IF ANY: