Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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DISTRICT I	OIL CONSERVAT		WELL API NO.
P.O. Box 1980, Hobbs NM 88240 DISTRICT II	P.O. Box		30-015-25484
811 S. 1st Street, Artesia, NM 88210-283	Santa Fe, New Mex	100 8 / 504 - 2088	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
	ICES AND REPORTS ON W		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"		7. Lease Name or Unit Agreement Name	
(FORM C-	-101) FOR SUCH PROPOSALS.)		Delta Fee "C"
1. Type of Well: OIL GAS WELL WELL X	OTHER		
2. Name of Operator Marathon Oil Company			8. Well No.
3. Address of Operator			9. Pool name or Wildcat
P.O. Box 552, Midland,	TX 79702		Und. E. Carlsbad (Wolfcamp)
4. Well Location Unit Letter C: 1980	Feet From The Wes	Line and 99	Feet From The North Line
Section 12	Township 22-S	Range 27-E	NMPM Eddy County
		ether DF, RKB, RT,  GR, etc 93.3  GL	
11. Check An			Report, or Other Data
-	ITENTION TO:	1	SSEQUENT REPORT OF:
	_	1	
PERFORM REMEDIAL WORK	PLUG AND ABANDON L	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS L	COMMENCE DRILLING	OPNS. U PLUG AND ABANDONMENT U
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB
OTHER:		OTHER:	
12. Describe Proposed or Completed Oper	rations (Clearly state all pertinent	details, and give pertinent dat	es, including estimated date of starting any proposed
9810-14, 9816-20, 9827- 9186-9861 with 4500 gal tubing. SN @ 9942'. ND	36, 9838-42, 9849-56 lons 15% HCL. Swabb	with 2 JSPF; 90 ed back 55 BW. I Installed Rods a	9186-96, 9356-60, 9436-41, holes total. Acidized nstalled 2 3/8" production nd 1 1/4" pump. Set Pumping
Test 5 BOPD 5 BWPD 102	MCFPD		RECEIVED
			JUN 9 1995 DIL CON. DIV.
		6	Nn -
		9	JIL CON DIM
			Dist. 2
			ت و در
			,
I hereby certify that the information above is	true and complete to the best of my know	rledge and belief.	
SIGNATURE / Omf	rep	TITLE AET	DATE 6/07/95
TYPE OR PRINT NAME TOM Price			TELEPHONE NO.915/687/8324
(This space for State Use) ORIGINAL SI	GNED BY TIM W. GUM		
	ALIBERUIAAA	тпъе	DATE JUN 1 6 1995