

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-015-28384

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E - 9706

7. Lease Name or Unit Agreement Name:

North Indian Basin Unit

8. Well Number

20

9. OGRID Number

14021

10. Pool name or Wildcat

South Dacotar Draw Upper Perm Assoc.

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

3. Address of Operator

Mr. Kendrix,

Please call me when you receive this. Please refer to the original request, which I will hold for a short period of time.

Thanks, Van Barton

505-748-1283 ext.109

4. Well Location

Unit

Section

and 2310 feet from the West line

23E NMPM County Eddy

(GR, etc.)

Pit or Below

Pit type

Pit Liner Th

Distance from nearest surface water

Construction Material

PERFORM

TEMPORARY

PULL OR A

OTHER:

13. Description

of status

or record

Marathon

formation

depth

Mr. J

superior

original

preferred

Notice, Report, or Other Data

SUBSEQUENT REPORT OF:

WORK ☐ ALTERING CASING ☐

DRILLING OPNS. ☐ PLUG AND ☐

ABANDONMENT ☐

ST AND ☐

DB

Deepen / Temporary Abandon Well ☒

, and give pertinent dates, including estimated date

: Attach wellbore diagram of proposed completion

North Indian Basin Unit No. 20 to the Morrow

existing Upper Perm formation and deepen to a

ment. Verbal approval was obtained from

01/28/2005 by Carolyn Debrick, drilling

completed on the well on 05/09/2005. The

included is a detailed break-down of work

THIS FORM CANNOT BE
PROCESSED DUE TO LACK
OF INFORMATION. PLEASE
SEE HIGHLIGHTED AREA
AND/OR NOTED PROBLEM.

I hereby certify that the

SIGNATURE

Type or print name

For State Use Only

APPROVED BY

Conditions of Approval, if any:

knowledge and belief. I further certify that any pit or below-
lines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

TITLE Engineering Technician DATE 05/20/2005

E-mail address: celendrix@marathonoil.com

Telephone No. 713-296-2096

TITLE DATE