Submit 3 Copies To Appropriate District Office	State of	State of New Mexico			Form C-103		
District I		Energy, Minerals and Natural Resources			Revised March 25, 1999 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 District II				30-025-3357	'8		
811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of			
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE 5			
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505			6. State Oil & G	as Lease No.		
87505							
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name of	or Unit Agreement		
(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				McGra	il State		
PROPOSALS.)				WICGIA	ii State		
1. Type of Well: Oil Well  Gas Well	☐ Other					:	
2. Name of Operator			· · · · · · · · · · · · · · · · · · ·	8. Well No. <b>8</b>			
Marathon Oil Company							
3. Address of Operator <b>P.O. Box 552, Midland,</b>	Tv 70702			9. Pool name or V			
4. Well Location	1 13102	,		Wionument	ADO		
., ., .,						İ	
Unit Letter <b>A</b> : <b>990</b> fe	et from the <b>North</b> line and <b>3</b>	80 feet fro	om the <b>East</b> line				
Section 27	Township 19	-S	Range 36-E	NMPM	<b>Lea</b> County	,	
Section 2.	10. Elevation (Show v				- County		
	GL 3725'			111			
	k Appropriate Box to In-	dicate Na					
NOTICE OF PERFORM REMEDIAL WORK	INTENTION TO:	. —		SEQUENT RE		<u>,                                    </u>	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOF	1K 🗀	ALTERING CASING	<b>ы</b> Ш	
TEMPORARILY ABANDON	☐ CHANGE PLANS		COMMENCE DR	RILLING OPNS. 🗌	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	☐ MULTIPLE		CASING TEST A	ND 🗆	ADAINDONWENT		
	COMPLETION		CEMENT JOB				
OTHER:			OTHER:				
12. Describe proposed or com							
	ork). SEE RULE 1103. For	Multiple (	Completions: Attac	ch wellbore diagram	of proposed completi-	on	
or recompilation.							
Ria up well service uni	t. POOH w/tubulars. Ac	dz Abo n	erfs @ 7103-729	92' w/16.000 gal C	CA sour acid.		
Swab/flow back. Run t	tubulars (sub-pump if ne						
Rig down well service	unit.				= 0.5		
				(.	2345678970		
*					h 3	\	
				3037	See or and	/ڈ	
T				i_	HALL SOM	14	
I hereby certify that the informa	ition above is true and compl	lete to the	best of my knowled	dge and belief $\stackrel{\sim}{\mathbb{R}}$	Hobbs &	51/	
SIGNATURE / / / /	I (hom	TITLE	Advanced Engine	er Technician	TT: OF BEDOO	?/	
		<del>_</del>		/53	> <u></u>	/	
Type or print name Tim L.	Chase		Telep	ohone No. 915-68	768498 <sub>77 17</sub> 07616		
(This space for State use)		∽ elel∩	REPRESENTATIVE	II/STAFF MANAG	ERMAY 0 6 2003		
APPPROVED BY Law	w. Wink.	TITLE	LYMI IVAN AND AND AND AND AND AND AND AND AND A		DATE		
Conditions of approval, if any:	7	<del></del>					
	7						