

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, 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
Revised March 25, 1999

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

WELL API NO. 30-025-33578
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement McGrail State
8. Well No. 8
9. Pool name or Wildcat Monument Abo

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
P.O. Box 552, Midland, Tx 79702

4. Well Location

Unit Letter **A** : **990** feet from the **North** line and **380** feet from the **East** line

Section **27**

Township **19-S**

Range **36-E**

NMPM

Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL 3725'

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 ☐ MULTIPLE COMPLETION ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Rigged up well service unit. Hot watered rods & tubing. POOH w/tubulars. Acdzd Abo perms @ 7103-7292' w/16,000 gal 17% CCA sour acid. Swabbed/flowed back. Ran tubulars as before. Returned to production pumping from Abo perms 7103-7292'. Rigged down well service unit.

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

SIGNATURE  TITLE **Advanced Engineer Technician** DATE **05-13-03**

Type or print name **Tim L. Chase**

Telephone No. **915-687-8408**

(This space for State use)

APPROVED BY  TITLE **OC FIELD REPRESENTATIVE II/STAFF MANAGER** DATE **MAY 19 2003**

Conditions of approval, if any:

MAY 19 2003
OC FIELD REPRESENTATIVE II/STAFF MANAGER