Submit 3 Copies To Appropriate District Office	State of New M Energy, Minerals and Nat		Form C-103 Revised March 25, 1999	
District I 1625 N. French Dr., Hobbs, NM 87240 District II 811 South First, Artesia, NM 87210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 87505	OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505		WELL API NO. 30-025-31. 5. Indicate Type of Le STATE   6. State Oil & Gas Le	166 ase FEE
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:			7. Lease Name or Unit Agreement Name:  McDonald State AC 1	
2. Name of Operator  Marathon Oil Company 3. Address of Operator  P.O. Box 3487 Houston, Te 4. Well Location	Other Injection Well  xas 77253-3487	1	8. Well No.  42  9. Pool name or Wilder Emice Seven River	
Unit Letter G :  Section 16	Township 22-S  10. Elevation (Show whether	Range 36E er DR, RKB, RT, GR, etc. 3563		ne <b>SOUTH</b> line
NOTICE OF IN PERFORM REMEDIAL WORK	PLUG AND ABANDON C	te Nature of Notice, SUB REMEDIAL WORK COMMENCE DRILLI	SEQUENT REPO  TEL A  NG OPNS.   F	
PULL OR ALTER CASING L OTHER:	J MULTIPLE L COMPLETION	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 recompilation.  12-19-2003  Notified Silvia Dickey of Hobbs OCD of intent to test well. No one available to witness.  Bled well to frac tank and nippled down well head.  Released packer and FOOH w/ one joint IPC tubing.  Reset packer at 3647' (perfs at 3744' to 3848'), nippled up wellhead.  Tested casing to 560 psi held for thirty minutes with no bleed off.  Original Pressure test chart is included with this filing along with notice of violation.				
I hereby certify that the information above SIGNATURE		f my knowledge and belief.	cian DAT	ГЕ01-14-2004

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

SIGNATURE Charles E. Kendrix

TITLE Engineer Technician

DATE 01-14-2004

Type or print name Charles E. Kendrix

Telephone No. 713-296-2096

(This space for State use)

APPROVED BY Laww Law DATE

DATE

DATE

DATE

