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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
1525	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Marathon Oil Company		Harry L. Hayes
3. Address of Operator		9. Well No.
P. O. Box 220, Hobbs, New Mexico		2
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>F</u> 1980 FEET FROM THE <u>North</u> LINE AND 1980 FEET FROM		Allison-Penn
THE <u>West</u> LINE, SECTION <u>29</u> TOWNSHIP <u>8S</u> RANGE <u>37E</u> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. Courty
4042' GL		Roosevelt

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Temporary abandonment</u> <input checked="" type="checkbox"/>

17. 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.

This well continues to be temporarily abandoned as a producer of oil and continues to be used as gas storage to start compressor No. 1 after it has been down for repairs. This storage volume needed due to gas shortage from gas lift wells after the compressor has been down for any length of time.

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

SIGNED [Signature] TITLE Area Supt. DATE 11-3-66

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: