

COPIES RECEIVED		
DISTRIBUTION		
A FE		
S.		
D OFFICE		
RATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

JUN 16 8 45 AM '69

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. 1164	

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 type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name -
2. Name of Operator Marathon Oil Company		8. Farm or Lease Name State "BPA"
3. Address of Operator P.O. Box 220, Hobbs, New Mexico 88240		9. Well No. 1
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 8S RANGE 37E N.M.P.M.		10. Field and Pool, or Wildcat Allison Penn. Bough "C"
15. Elevation (Show whether DF, RT, GR, etc.) DF 4047		12. County Roosevelt

16. 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 JOB <input type="checkbox"/>	OTHER Acid treatment <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.

TD 9628'. Treated Bough "C" perms., 9593-9628', with 2000 gal. 15% acid. Well produced 22 BO and no water in 24 hrs. on gas lift. Prior to acid stimulation and repairs to gas lift valve, the well had ceased to produce.

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

SIGNED <u>Ed. Hill</u>	TITLE <u>Area Supt.</u>	DATE <u>6-11-69</u>
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		