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NEW MEXICO OIL CONSERVATION COMMISSION

FEB 20 9 25 AM '67

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-1127	

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 Marathon Oil Company		8. Farm or Lease Name State "SA"
3. Address of Operator P. O. Box 220, Hobbs, New Mexico		9. Well No. 1
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> <u>20</u> LINE, SECTION <u>16S</u> TOWNSHIP <u>34E</u> RANGE <u>34E</u> NMPM.		10. Field and Pool, or Wildcat Kemnitz Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) DF 4141'		12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Acidize

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 11,411'. Halliburton treated perms. in 7" casing from 10,592 - 10,630', 38' and 154 holes with 14,000 gals. 28% acid, used 700 lbs. Matriseal for control. Max. press. 4500 psi, Min. press. 3400 psi, avg. rate 7.8 bbls. P.M. ISDP 0#.

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 2-16-67

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Dist.: CoPL; JHH; LHS; File