	1		
NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION .			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	Servation Commbsfor.	Effective 1-1-65
FILE			
U.S.G.S.	į į	FEB 13 7 52 AM '67	5a. Indicate Type of Lease
LAND OFFICE		[[D]] 1 32 Ki U	State X Fee
OPERATOR .			5, State Oil & Gas Lease No.
	ı		E_1127
SLINDR	Y NOTICES AND DEPORTS ON	1 WELLS	minimini
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.	TON TON TEMPT - (FORM C-101) FOR SU	TH PROPOSALS.)	7. Unit Agreement Name
OIL X GAS WELL	OTHER-		- Value
2. Name of Operator			8, Farm or Lease Name
Marathon Oil Company			
3. Address of Operator			State "SA"
P. O. Box 220, Hobbs, New Mexico			
4. Location of Well			1
	0.00	0-	10. Field and Pool, or Wildcat
UNIT LETTER G 1980 FEET FROM THE NOTTH LINE AND 1980 FEET FROM			Kemnitz Wolfcamp
THE East LINE, SECTION 20 TOWNSHIP 16S RANGE 34E NMPM.			XIIIIIIIIIIIIX

	15, Elevation (Show whether		12. County
<i>ÄHHIIIIIIIIIIIIII</i>	DF 4141	_ †	Lea
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
			, ,,=, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
		OTHER	
OTHER Acidize	X	OTHER	
17. Describe Proposed or Completed Op work) SEE RULE 1103.	erations (Clearly state all pertinent det	ails, and give pertinent dates, including	estimated date of starting any proposed
work) SEE ROLE 1103.			
TD 11,411'. Plan	to treat well through n	erforations with 15,500	mallone WC ordi
•			garrons nol acid.
	×*		
	 		
18. I hereby certify that the information	above is true and complete to the best o	f my knowledge and belief.	
	4/ <i>Y</i>		
SIGNED CONTRACTOR	til TITLE	Area Supt.	DATE 2-8-67
	-/'		
- /			
APPROVED BY	TITLE	\$ \$ 100 miles \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DATE
			DATE

Dist.: CoPL; JHH; LHS; File

CONDITIONS OF APPROVAL, IF ANY: