

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025052780000

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator
Marathon Oil Company
3. Address of Operator
P. O. Box 552, Midland, TX 79702
4. Well Location
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line

J. M. Denton

8. Well No.

1

9. Pool name or Wildcat
Denton (Wolfcamp)

Section 11 Township 15S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GL 3788' DF 3806'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
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.

Marathon Oil Company commenced operations on 5/12/92 to restimulate the Wolfcamp in this well.

MIRU. POOH w/rods & pump. Install BOP. POOH w/tbg. Acidized Wolfcamp openhole (8988-9250' w/9000 gals 15% NEFE acid. Swabbed well back. Put well on pump. RDMO 5/17/92.

24 hr test 6/5/92: 16 BO, 26 BW, 11.7 MCF

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

SIGNATURE Thomas M. Price TITLE Advanced Eng. Tech. DATE 6/10/92
TYPE OR PRINT NAME Thomas M. Price TELEPHONE NO. (915) 682-1626

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: