

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P O BOX 2088
SANTA FE, NEW MEXICO 87501

Form O-103
Revised 10-1-

5a. Indicate Type of Lease
State ☐ Fee ☒ XX
5. 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 TO DRILL" FORM O-1011 FOR SUCH PROPOSALS.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Marathon Oil Company	8. Farm or Lease Name J. M. Denton
3. Address of Operator P. O. Box 552, Midland, Texas 79702	9. Well No. 1
4. Location of well UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 11 TOWNSHIP 15-S RANGE 37-E N.M.P.M.	10. Field and Pool, or wildcard Denton - Wolfcamp
15. Elevation (Show whether Dr, RT, CR, etc.) GR: 3788' KB: 3807'	11. County 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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER Change Production Equipment ☒	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

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.

Marathon Oil Company plans to change the method of artificial lift for the J. M. Denton Well No. 1 from a hydraulic pumping system to a conventional pumping unit. Electrification of this well and setting of the pump unit is scheduled to begin on approximately September 1, 1987.

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

SIGNED E. M. Revil TITLE Engineer DATE Aug. 11, 1987

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR DATE AUG 19 1987

CONDITIONS OF APPROVAL, IF ANY: