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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 -" (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 J. M. Denton
3. Address of Operator P.O. Box 2409, Hobbs, New Mexico 88240		9. Well No. 4
4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>2080</u> FEET FROM THE <u>West</u> LINE, SECTION <u>11</u> TOWNSHIP <u>15-S</u> RANGE <u>37-E</u> NMPM.		10. Field and Pool, or Wildcat Denton Devonian
15. Elevation (Show whether DF, RT, GR, etc.) DF 3806		12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER Recomplete higher in Devonian zone ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Recomplete higher in Devonian zone ☒

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 12195', PBTD 12152'. Present perforations, 12,010-070' and 12,085-135'.

Plan to either squeeze off existing perforations or set CIBP at 12,000', then recomplete approximately 80' higher in the casing by perforating with 2 JSPF and acidizing.

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

SIGNED C. S. Hill TITLE Area Superintendent DATE 10-8-73

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: