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NEW MEXICO OIL CONSERVATION COMMISSION

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

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| 5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. B-1113 |

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. Unit Agreement Name --- |
| 2. Name of Operator Marathon Oil Company | 8. Farm or Lease Name Warn State A/C 2 |
| 3. Address of Operator P.O. Box 2409, Hobbs, New Mexico 88240 | 9. Well No. 7 |
| 4. Location of Well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>6</u> TOWNSHIP <u>18S</u> RANGE <u>35E</u> NMPM. | 10. Field and Pool, or Wildcat Vacuum San Andres |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3981' GR | 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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Stimulation ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Stimulated open hole section, 4395 to 4683', with 20,000 gallons gelled brine and 30,000 lbs. sand.

After stimulation well pumped 126 bbls. oil and 7 bbls. water in 24 hrs.

Prior to stimulation well was pumping 30 bbls. oil per day.

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

SIGNED C. A. Nibbel TITLE Area Superintendent DATE 8-9-73

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: