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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

SEP 10 1969

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1113
7. Unit Agreement Name -
8. Farm or Lease Name Warn State A/C 2
9. Well No. 8
10. Field and Pool, or Wildcat Vacuum Abo
12. County Lea

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"/>
2. Name of Operator Marathon Oil Company
3. Address of Operator P.O. Box 220, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER N 2233.4 FEET FROM THE West LINE AND 330 FEET FROM THE South LINE, SECTION 6 TOWNSHIP 18S RANGE 35E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
DF 3988'

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Acid treatment <input checked="" type="checkbox"/>

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 8867'. PBTD 8818'. Knox Service treated perforations in 5-1/2" casing from 8676-8730' (54') with 1500 gal. 15% acid and 500# rock salt. Treated in two stages of 750 gal. and 250# salt. Max. press. 500 psi, Min. press. 0. Flushed with lease oil. Average rate 3 B.P.M., ISDP - 0. Well kicked off flowing. Well folowed 73 B0 and 13 BW in 24 hrs., TP 95 psi, Csg. - packer.

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

SIGNED <u>E. A. Helle</u>	TITLE <u>Area Supt.</u>	DATE <u>9-3-69</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>DISTRICT</u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		