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# 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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
A-1159	

## SUNDRIY 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		8. Farm or Lease Name
Marathon Oil Company		State Section 32-18-38
3. Address of Operator		9. Well No.
P.O. Box 2409 Hobbs, New Mexico 88240		3
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER I, 330 FEET FROM THE East LINE AND 2310 FEET FROM		Hobbs
THE South LINE, SECTION 32 TOWNSHIP 18-S RANGE 38-E NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
DF 3645' ; GL 3636'		Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Place well on rod pump <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.

1. Install BOP.
2. Pull downhole equipment. (Packer)
3. Ran rods and pump.
4. Set pumping unit.
5. Test and place well onproduction.

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

SIGNED M. J. Johnston TITLE Petroleum Engineer DATE 5-12-75

APPROVED BY Joe TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY: