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

## 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		8. Farm or Lease Name
Marathon Oil Company		State Section 32
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 N.M.P.M.		
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 JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Acidize <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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 4175'. This producing well was acidized from 4190' to 4220' with 2700 gallons of 15% suspending acid using 2 stages of 200# Divert and 400# salt. Maximum pressure 1000 psi, Minimum pressure 100 psi, Average injection rate 3 BPM. Started swabbing with fluid level 3200' from surface. Made 6 swab runs and well kicked off flowing.

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

SIGNED [Signature] TITLE Area Supt. DATE 8-26-71

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT I DATE SEP 1 1971

CONDITIONS OF APPROVAL, IF ANY: