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NEW MEXICO OIL CONSERVATION COMMISSION

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

OCT 18 8 51 AM '65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. A-1159
7. Unit Agreement Name -
8. Farm or Lease Name State Land Sec 32-18-38
9. Well No. 5
10. Field and Pool, or Wildcat Hobbs
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 Box 220 Hobbs, New Mexico
4. Location of Well UNIT LETTER 0 330 FEET FROM THE south LINE AND 2310 FEET FROM THE east LINE, SECTION 32 TOWNSHIP 18S RANGE 38E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3627' GR

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 checked="" type="checkbox"/> Acidize

SUBSEQUENT REPORT OF:


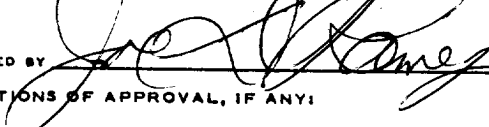
REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 1703.

We propose to acidize the San Andres zone in this well through 5 1/2" casing perforations from 4200 - 4230'.

CORRECTED REPORT: To correct State Oil and Gas Lease number on Form C-103 dated 9-22-65.

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

SIGNED 	TITLE Area Supt.	DATE 10-15-65
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		