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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 2747	

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 State Land Section 32
3. Address of Operator P. O. Box 2409, Hobbs, New Mexico 88240		9. Well No. 6
4. Location of Well UNIT LETTER <u>HU</u> 660 FEET FROM THE <u>South</u> LINE AND 1990 FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>18S</u> RANGE <u>38E</u> NMPM.		10. Field and Pool, or Wildcat Bowers
15. Elevation (Show whether DF, RT, GR, etc.) DF 3634'; GL 3624'		12. County Lea

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 ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

Well Status ☒

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. Status: Temporarily Abandoned

2. Date T.A. Commenced: April 20, 1955

3. Reason for T.A.: Hydrocarbon reserves in completion interval depleted

4. Future Plans: None

5. Approximate date of any future workover or P&A: Last Half of 1975

Expired 11/1/75

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

SIGNED *ML Hunter* TITLE Petroleum Engineer DATE November 7, 1974

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: