

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

# NEW MEXICO OIL CONSERVATION COMMISSION

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

MAY 10 8 01 PM '67

3a. Indicate Type of Lease  
State ☒ Fee ☐

5. State Oil & Gas Lease No.

384

## 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 Warn State A/C 2
3. Address of Operator P. O. Box 220, Hobbs, New Mexico	9. Well No. 15
4. Location of Well UNIT LETTER F 1650 FEET FROM North LINE AND 1650 FEET FROM THE West LINE, SECTION 6 T. 18S RANGE 35E NMPM.	10. Field and Pool, or Wildcat Vacuum Glorieta
15. Elev. 276' GL	12. County Lea

18. 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"/>	PLUS AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUS AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Acidize	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 1103.

TD 6285'. PBT 6252'. Plan to treat Glorieta formation thru  
perfs. in 4 1/2" casing with 5000 gals. 15% acid w/5000 gals. converted  
to Reactrol acid and 8 RCN B sealers.

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 May 10, 1967

APPROVED BY [Signature] TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY:

Dist: CoPL; LHH; JHS; File