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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.	
B-1113	

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		Warn State A/C 2
3. Address of Operator		9. Well No.
P.O. Box 2409, Hobbs, New Mexico 88240		16
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER N 1650 FEET FROM THE West LINE AND 990 FEET FROM		Vacuum San Andres
THE South LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
KDB 3988'		Lea

16.

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 type="checkbox"/>

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 Stimulation <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.

Stimulated perforations 4521-4711' with 30,000 gals. gelled water and 30,000 lbs. sand.

After stimulation well pumped 56.8 BO & 37.8 BW in 24 hrs. Prior to stimulation well was pumping 28 BO & 2 BW per day.

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

SIGNED P. L. Hilt Jr. TITLE Area Superintendent DATE 8-9-73

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: