Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Revised March 25, 1999 Office WELL API NO. District I 1625 N. French Dr., Hobbs, NM 87240 30-025-33139 OIL CONSERVATION DIVISION District II 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III STATE X FEE . Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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 Warn State A/C 2 PROPOSALS.) 1. Type of Well: Other Water Injection Oil Well Gas Well 8. Well No. 2. Name of Operator Marathon Oil Company 9. Pool name or Wildcat 3. Address of Operator Vacuum: Drinkard PO Box 2490 Hobbs, NM 88240 4. Well Location 1429 West North line and feet from the line 113 feet from the Unit Letter **NMPM** County Lea Township **18S** Range 6 Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3981' KB 3993' 11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CHANGE PLANS **ABANDONMENT** CASING TEST AND **MULTIPLE PULL OR ALTER CASING** CEMENT JOB COMPLETION XOTHER: Fix Casing Pressure OTHER: 12. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 6/27 Ru cementers. Fill tbg annulus w/70 bbls water. Test to 1500 psi. Pump 8 bbls water. Pump 600 sks cmt. Flush w/4 bbls water. RD cementers. 48 hr follow up test. No existing pressure. Pump 44 bbls, caught pressure. Held at 500 psi for 15 minutes. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Admin. Assistant 7/5/01 _ DATE _ SIGNATURE __ Telephone No. 393-7106 Type or print name Kelly Cook orig. Signa (This space for State use) 1 200; Part Kit DATE TITLE APPROVED BY_ Conditions of approval, if any: