Submit 3 Copies To Appropriate District	State of New					Form C-103
Office	Energy, Minerals and N	latura	ıl Resources	WELL ADIAGO	Revise	d March 25, 1999
District I 1625 N. French Dr., Hobbs, NM 87240				WELL API NO. 30 · 025 · 33139		
District II OIL CONSERVATION DIVISION				5. Indicate Type of Lease		
811 South First, Artesia, NM 87210 District III 2040 South Pacheco				l		
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505						
District IV 2040 South Pacheco, Santa Fe, NM 87505				6. State Oil & Ga	is Lease No.	
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.)				7. Lease Name or Unit Agreement Name: Warn State A/C 2		
1. Type of Well: Oil Well Gas Well Other Water Injection						
2. Name of Operator				8. Well No.		
Marathon Oil Company				25		
3. Address of Operator				9. Pool name or Wildcat		
PO Box 2490 Hobbs, NM 88240				Vacuum: Drinkard		
4. Well Location			Ob	1420	.•	Most 1:
Unit LetterC	feet from the	Nort	th line and	1429 feet fr	om the	Westline
Section 6	Township 18S		Range 35#	NMPM	County	Lea
	10. Elevation (Show whe	<i>ther L</i> R1'	OR, RKB, RT, GR, et KB 3993'	c.)		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
NOTICE OF INTE				SEQUENT RE		F:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK			NG CASING [
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILL	ING OPNS.] PLUG A	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB] ABAND	ONMENT
	COMPLETION					,
OTHER: Fix Casing Pressure			OTHER:		1 - 1 - 11	
12. Describe Proposed or Complete of starting any proposed work). or recompilation.	SEE RULE 1103. For Mu	ltiple	Completions: Attach	i wellbore diagram	or proposed	completion
Marathon Oil Company requests to Bradenhead squeeze the annular space between surface csg and production csg. The plan is to pump 10 bbls fresh water followed by 300-600 sks cement. This work will be completed within the next 30 days.						
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
	•					C /10 /01
SIGNATURE Pelly Cool	<u> </u>	TITI.	<u>E Admin. Assista</u>	nt	DATE	6/19/01
Type or print name Kelly Cook				Tele	phone No.	393-7106
(This space for State use)			en e	.) SY	- .	
APPROVED BY		_ TIT	LE GALLY VI	44	_DATE	

APPROVED BY______Conditions of approval, if any: