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NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease
State [X]　　　　Fee []

5. State Oil & Gas Lease No.
B-2706

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-1C1) FOR SUCH PROPOSALS.)

1.
OIL WELL [X]　GAS WELL []　OTHER-

7. Unit Agreement Name
– – –

2. Name of Operator
Marathon Oil Company

8. Farm or Lease Name
McCallister State

3. Address of Operator
P.O. Box 2409, Hobbs, New Mexico　88240

9. Well No.
2

4. Location of Well

UNIT LETTER __K__, __1980__ FEET FROM THE __South__ LINE AND __1980__ FEET FROM

THE __West__ LINE, SECTION __25__ TOWNSHIP __17-S__ RANGE __34-E__ NMPM.

10. Field and Pool, or Wildcat
Vacuum San Andres

15. Elevation (Show whether DF, RT, GR, etc.)
DF 4013'

12. County
Lea

16.
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 []

PLUG AND ABANDON []
CHANGE PLANS []

OTHER _____ []

SUBSEQUENT REPORT OF:

REMEDIAL WORK []
COMMENCE DRILLING OPNS. []
CASING TEST AND CEMENT JOB []
OTHER __Stimulation and Sand Frac__ [X]

ALTERING CASING []
PLUG AND ABANDONMENT []

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 4788'. Treated perforations in 4-1/2" liner from 4680-4736' with 30,000 gallons gelled brine and 25,000 lbs. 20-40 sand and 400 lbs. Westblock in 250 gallons gelled brine water. Maximum pressure 3600 psi @ 16 BPM, Average pressure 2400 psi with rate of 20 BPM. ISDP 1100 psi, 10 minute, 500 psi, 1 hr., vacuum.

Well produced 52 bbl. oil and 52 bbl. water in 24 hrs. by pumping method.

Prior to stimulation of San Andres, well was capable of producing only 27 bbls. oil and 15 bbls. water per day.

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

SIGNED _____　TITLE __Area Superintendent__　DATE __9-20-72__

APPROVED BY _____

Orig. Signed by
Joe D. Ramey　TITLE _____
Dist. I, Supv.

DATE __SEP 22 1972__

CONDITIONS OF APPROVAL, IF ANY: