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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-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-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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. 3
4. Location of Well UNIT LETTER <u>M</u> , <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>25</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> N.M.P.M.		10. Field and Pool, or Wildcat Vacuum
15. Elevation (Show whether DF, RT, GR, etc.) 4007' DF		12. County Lea

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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Sand Frac San Andres zone ☒
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 4784', PBTD 4767'. Set packer @ 3938'. Fraced formation through perfs in liner from 4666' to 4763' (18 holes), with 30,000 gals. gelled brine, 25,000 lbs. 20-40 sand, in two equal stages using 8 bbls. gelled brine and 600 lbs. rock salt between stages for diverting material. Max. press. 3400 psi, Min. press. 2500 psi, average rate 1/2 bbl. per minute. ISDP 2000 psi, 15 minutes - 1500 psi. Pressure to 0 in 1-3/4 hrs.

Prior to this workover well was pumping 44 BO and no water per day. After the workover well pumped 160 BOPD and 22 BWPD with GOR 1139:1.

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

SIGNED C. A. Diller TITLE Area Superintendent DATE 1-4-73

APPROVED BY Joe D. Ramey TITLE Dist. I. Supv. DATE 1-4-73
CONDITIONS OF APPROVAL, IF ANY: