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NEW MEXICO OIL CONSERVATION COMMISSION

Dec 22 10 25 AM '69

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
7. Unit Agreement Name -
8. Farm or Lease Name McCallister State
9. Well No. 4
10. Field and Pool, or Wildcat Vacuum - Grayburg-SA
12. County Lea

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"/>
2. Name of Operator Marathon Oil Company
3. Address of Operator P. O. Box 220, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER L 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 25 TOWNSHIP 17S RANGE 34E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) DF 4019

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input checked="" type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<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 JOB	<input type="checkbox"/>	OTHER	<input 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.

TD 4710'. Plan to drill 70' deeper to new TD of 4780', log open hole, run casing liner, perforate and treat the San Andres formation.

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

SIGNED C. F. Hill TITLE Area Supt. DATE 12-22-69

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: