, , , , , , , , , , , , , , , , , , , ,			
NO. OF COPIES RECEIVED			Form C-103 Supersedes Old
DISTRIBUTION			C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	SERVATION COMMISSION	Effective 1-1-65
FILE		e 11	
U.S.G.S.	1.	H2 1 3 1 67	5a. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR			5. State Oll & Gas Lease No.
		•	B-2245
SU	INDRY NOTICES AND REPORTS ON	I WELLS	
(DO NOT USE THIS FORM FOUSE **APF	OR PROPOSALS TO DRILL OR TO DETPEN OR PLUG PLICATION FOR PERMIT — P (FORM C-101) FOR SU	BACK TO A DIFFERENT RESERVOIR.	
1.			7. Unit Agreement Name
OIL X GAS WELL OTHER-			
2. Name of Operator Marathon Oil Company			8. Farm or Lease Name
			Staplin State A/C 1
3. Address of Operator			9. Well No.
P. O. Box 220, Hobbs, New Mexico			1
4. Location of Well			10. Field and Pool, or Wildcat
N 660 South 1980			Vacuum
UNIT LETTER OOU FEET FROM THE DOUBLE LINE AND 1700 FEET PROM			
THE West LINE, SECTION 30 TOWNSHIP 17-S RANGE 35-E NIMPM.			
THE WEST LINE,	SECTION TOWNSHIP	RANGE JJ-11 NIMPM.	
mmmm	15. Elevation (Show whether	DE RT CR etc.)	12. County
	DF 3996		Lea
ámminnin.			
16. Che	eck Appropriate Box To Indicate I	Nature of Notice, Report or Ot	ner Data
NOTICE	OF INTENTION TO:	SUBSEQUEN.	T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
	_	OTHER Acidize	X
OTHER			
			· · · · · · · · · · · · · · · · · · ·
	ted Operations (Clearly state all pertinent de	tails, and give pertinent dates, including	estimated date of starting any proposed
work) SEE RULE 1 103.			
l	Halliburton treated San And	res formation in open ho.	Le irom
			~ 000
4432-4669' with 10,000 gals. 20% acid. Treatment as follows: 5000 gals.			
20% HCL; 750	00 gals. lease crude; 500 g	als. HV acid w/1500 lbs.	TLC #15;
5000 gals.	20% acid; and 8300 gals. le	ase crude. Max. press.	4400 psi, Min.
press. 1200	psi; avg. rate 72 BPM, ISD	P 1400 5 min. 100 psi.	•
•			
	•		
10 11	mation above is true and complete to the best	of my knowledge and belief.	
10. I nereby certify that the inform	matton above is true and complete to the best	or my minuments and periors	
	841	Amon Comt	1,-20-67
SIGNED COST	Tele	Area Supt.	
	/		
	•		DATE

Dist: CoPL; JHH; LHS; File

CONDITIONS OF APPROVAL, IF ANY