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NEW MEXICO OIL CONSERVATION COMMISSION
HOBBS OFFICE O.C.C.

JUN 12 8 12 AM '67

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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"/>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Marathon Oil Company		5. State Oil & Gas Lease No. B-1713
3. Address of Operator P.O. Box 220, Hobbs, New Mexico 88240		7. Unit Agreement Name ---
4. Location of Well UNIT LETTER <u>H</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>33</u> TOWNSHIP <u>17S</u> RANGE <u>35E</u> N.M.P.M.		8. Farm or Lease Name Warn Warn A/C 3
15. Elevation (Show whether DF, RT, GR, etc.) Gr 3939'		9. Well No. 1
		10. Field and Pool, or Wildcat Vacuum
		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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Acid treatment ☒

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 4630'. Set Baker Model "C" ret. packer @ 4071'. Filled annulus and press. up to 1200#. Connected up Halliburton and broke down formation at 2800# w/oil and started 2500 gals. of 20% H.C.I. acid. Flushed acid with 3750 gals. of oil. Started 2nd stage with H.V. - TLC - 15 & 2500 gals. of 20% H.C.I. acid and 3750 gals. flush oil. Max press. 4300, Min. press. 3000#, overall rate 7.4 B.P.M.

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

SIGNED [Signature] TITLE Area Supt.

DATE 6-7-67

APPROVED BY [Signature] TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Dist.: CoPL; JHH; LHS; File