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# NEW MEXICO OIL CONSERVATION COMMISSION

MAY 4 11 45 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		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>600</u> FEET FROM THE <u>East</u> LINE, SECTION <u>33</u> TOWNSHIP <u>17S</u> RANGE <u>35E</u> NMPM.		8. Farm or Lease Name Warn State A/C 3
		9. Well No. 1
		10. Field and Pool, or Wildcat Vacuum
15. Elevation (Show whether DF, RT, GR, etc.) Gr 3939'		12. County Lea

### Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Acidize</u> <input checked="" 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 JOBS <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 1708.

TD 4630'. Plan to acidize open hole section with 5000 gallons  
20% HCL acid containing additives, using Naphthalene crystals for  
control.

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 May 2, 1967

APPROVED BY [Signature] TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY:

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