Submit 3 Copies to Appropriate District Office

State of New Mexico

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Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

FEE

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

WELL API NO. P.O. Box 2088 Santa Fe, New Mexico 87504-2088

30-025-20050

5. Indicate Type of Lease STATE X

6. State Oil & Gas Lease No.

1000 Rio Brazos Rd., Aztec, NM 87410	V. State 51 to 52
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR P DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	LUG BACK TO A 7. Lease Name or Unit Agreement Name
I. Type of Well: OL GAS OTHER	McCallister State
WELL X WELL OTHER 2. Name of Operator	8. Well No.
Marathon Oil Company	8
3. Address of Operator	9. Pool name or Wildcat Vacuum (Glorieta)
P. O. Box 552, Midland, Texas 79702	Vacuum (Giorieta)
Unit Letter M : 560 Feet From The South	Line and 660 Feet From The West Line
Section 25 Township 17-S Range	34-E NMPM Lea County
Section 10. Elevation (Show whether DF, R	KB, RT, GR, etc.)
//////////////////////////////////////	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON RE	MEDIAL WORK ALTERING CASING
	MAMENCE DRILLING OPNS. DPLUG AND ABANDONMENT
	SING TEST AND CEMENT JOB
OFF OFF PETER OFFICE	
OTHER: 01	HER: Add perfs and acidize X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give work) SEE RULE 1103.	
Marathon Oil Company initiated operations to ad 9-27-89. Following is the procedure:	d peris and acidize the hower rudden on
1. MIRU pulling unit.	
2. POOH w/rods and pump.	
3. ND wellhead and NU BOP.	
4. POOH w/tubing. 5. WIH and perfed Lower Paddock 6102'-06', 6018'-12', 6114'-17' w/2 JSPF (total	
of hology	
6. RIH w/P.P.I. tool and acidized new per	fs w/1400 gals 15% HCl.
7. Swabbed well back.	
8. RIH w/production tubing, pump, rods.	
9. Placed well on test pumping to batter	
I hereby certify that the information above is true and complete to the best of my knowledge and believe	I
SIGNATURETITLE	Hobbs Production Sup't. DATE 11-29-89
TYPE OR FRINT NAME J. R. Jenkins	(915) Telephone no. (682- <u>162</u> 6
	4000
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON	DEC 1 1 1989

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APPROVED BY ---

DISTRICT I SUPERVISOR