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NEW MEXICO OIL CONSERVATION COMMISSION

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.

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"/>	7. Unit Agreement Name
2. Name of Operator Marathon Oil Company	8. Farm or Lease Name McCallister State
3. Address of Operator P. O. Box 2409 Hobbs, New Mexico 88240	9. Well No. 8
4. Location of Well UNIT LETTER M 560 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 25 TOWNSHIP 17S RANGE 34E N.M.P.M.	10. Field and Pool, or Willcut Vacuum Blinbry
15. Elevation (Show whether DF, RT, GR, etc.) GL 4006'; KDB 4017'	12. County Lea

16. 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 ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Well Status ☒
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.

1. Rigged up pulling unit. Installed BOP.
2. Pulled downhole equipment (2-1/16" tubing, 4 Camco gas lift valves, and Baker model R packer.)
3. Ran 2-3/8" tubing to 6102' with 9,000# tension on tubing anchor.
4. Ran rods and pump to 6067'.
5. Removed BOP and installed pumping unit.
6. Placed well on production.

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

SIGNED Ralph Skinner TITLE Engineer Technician DATE November 6, 1975

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: