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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. B-2706

## 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. 5
4. Location of Well UNIT LETTER M, 560 FEET FROM THE West LINE AND 660 FEET FROM THE South LINE, SECTION 25 TOWNSHIP 17-S RANGE 34-E N.M.P.M.	10. Field and Pool, or Wildcat Vacuum Abo & Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) DF 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 ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

OTHER Recomplete in Vacuum Upper Penn zone ☒

#### SUBSEQUENT REPORT OF:

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

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.

Plan to recomplete to the Vacuum Upper Penn Reservoir by perforating from 10,088-098, 10,104-106, 10,110-116 and 10,118-146'.

Currently the well is producing from the Abo and Wolfcamp zones (commingled downhole). If the completion in the Upper Penn zone is successful, isolation packers between the zones will be installed.

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

SIGNED [Signature] TITLE Acting Area Supt. DATE 11-15-73

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: