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LAND OFFICE	
OPERATOR	

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		8. Farm or Lease Name
Marathon Oil Company		McCallister State
3. Address of Operator		9. Well No.
P.O. Box 2409, Hobbs, New Mexico 88240		5
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>M</u> <u>560</u> FEET FROM THE <u>West</u> LINE AND <u>660</u> FEET FROM		Vacuum Abo & Wolfcamp
THE <u>South</u> LINE, SECTION <u>25</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
DF 4017'		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 ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER Aband. Devonian zone and single ☒

complete by commingling Abo & Wolfcamp zone

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.

Removed triple tubing strings with packers. Set 7" cast iron bridge plug at 10,503'. Ran tubing, pump, and rod string. Well pumped 37 bbls. oil and 78 bbls. water in 24 hrs from comingled Abo and Wolfcamp zone.

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

SIGNED P. A. Shick TITLE Area Superintendent DATE 6-22-73

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: