

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 03-025-20748
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 387
7. Lease Name or Unit Agreement Name Warn State A/C 1
8. Well No. 3
9. Pool name or Wildcat (N. Vac/Abo) (Vac/Up Penn, Wolfcamp)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR 3975'

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Marathon Oil Company	3. Address of Operator P.O. Box 552, Midland, TX 79702	4. Well Location Unit Letter F : 2080 Feet From The North Line and 1908 Feet From The West Line Section 31 Township 17S Range 35E NMPM Lea County
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11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: DHC as per amended #260 ☒

12. 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.

(See Attachment)

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

SIGNATURE Thomas M. Price TITLE Adv. Eng. Tech DATE 11/22/94  
TYPE OR PRINT NAME Thomas M. Price TELEPHONE NO. 915/682-1626

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

DEC 01 1994