

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
387	
7. Unit Agreement Name	
8. Farm or Lease Name	
Warn State A/C 1	
9. Well No.	
3	
10. Field and Pool, or Wildcat	
North Vacuum Abo,	
Vacuum Wolfcamp	
12. County	
Lea	

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"/>
2. Name of Operator
Marathon Oil Company
3. Address of Operator
P.O. Box 220, Hobbs, New Mexico 88240
4. Location of Well
UNIT LETTER F, 2080 FEET FROM THE North LINE AND 1908 FEET FROM THE West LINE, SECTION 31 TOWNSHIP 17S RANGE 35E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3975' GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Acidized Abo & Wolfcamp zone <input checked="" type="checkbox"/>

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.

August 12, 1967. Western Company rigged up and treated Abo zone from 9122-9279' w/1000 gals. 15% converted acid. Max. press. 25 psi. Treated Wolfcamp zone from 9975-10031' w/1000 gals. 15% converted acid. Max. press. 300 psi.

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

SIGNED E. L. Hilborn Jr. TITLE Area Supt. DATE 9-1-67

APPROVED BY Joe A. [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Dist.: CoPL; LHS; BGH; File