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NEW MEXICO OIL CONSERVATION COMMISSION

DEC 20 8 25 AM '65

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. 387
7. Unit Agreement Name -
8. Farm or Lease Name State Warn A/C 1
9. Well No. 3
10. Field and Pool, or Wildcat North Vacuum - Abo
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 Box 220 Hobbs, New Mexico
4. Location of Well UNIT LETTER <u>F</u> <u>2080</u> FEET FROM THE <u>north</u> LINE AND <u>1908</u> FEET FROM THE <u>west</u> LINE, SECTION <u>31</u> TOWNSHIP <u>17S</u> RANGE <u>35E</u> N.M.P.M.
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:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Acidize</u> <input 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.

The Abo section of this well was treated through perforations from 9122 - 9279' in the 2-7/8" casing using 10,000 gal CRA 15% acid. Work commenced Dec. 8, 1965 and was completed Dec. 16, 1965.

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

SIGNED [Signature] TITLE Area Supt. DATE 12-17-65  
APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: