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HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
DEC 10 11 38 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 Warr, 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> 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:

| | |
|--|--|
| 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 <u>Acidize</u> <input checked="" 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 <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.

We propose to treat the Abo zone through 2-7/8" casing perforations from 9122 - 9279' using approximately 10,000 gallons acid.

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

| | | |
|--------------------------------|-------------------------|---------------------|
| SIGNED <u>[Signature]</u> | TITLE <u>Area Supt.</u> | DATE <u>12-8-65</u> |
| APPROVED BY <u>[Signature]</u> | TITLE _____ | DATE _____ |

CONDITIONS OF APPROVAL, IF ANY: