

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State ☒ Fee ☐

5. State Oil & Gas Lease No.  
387

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 - II" (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 Marathon Oil Company		8. Farm or Lease Name Warn State A/C 1
3. Address of Operator P.O. Box 2409 Hobbs, NM 88240		9. Well No. 4
4. Location of Well UNIT LETTER <u>K</u> , <u>2311.8</u> FEET FROM THE <u>South</u> LINE AND <u>2226.8</u> FEET FROM THE <u>West</u> LINE, SECTION <u>31</u> TOWNSHIP <u>17S</u> RANGE <u>35E</u> NMPM.		10. Field and Pool, or Wildcat Vacuum Glorieta
15. Elevation (Show whether DF, RT, GR, etc.) 3977 GR, 3988 KB, 3986 DF		12. County Lea

16. 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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER Squeezed casing leak ☒

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 1703.

The cement was drilled out and the casing was tested to 1500 psi and held. The tubing string, rod pump and rods were run back in the well and the well put back on production.

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

Signed Steven A. Pohler TITLE Production Engineer DATE 2-11-83

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

TITLE \_\_\_\_\_ DATE FEB 15 1983

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

FEB 15 1983

O.C.D.  
HOBBS OFFICE