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NEW MEXICO OIL CONSERVATION COMMISSION

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. K-5189

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"/>	7. Unit Agreement Name
2. Name of Operator Marathon Oil Company	8. Farm or Lease Name State Section 6
3. Address of Operator P. O. Box 2409, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>N</u> , <u>1980</u> FEET FROM THE <u>West</u> LINE AND <u>660</u> FEET FROM THE <u>South</u> LINE, SECTION <u>6</u> TOWNSHIP <u>17S</u> RANGE <u>35E</u> N.M.P.M.	10. Field and Pool, or Wildcat Vacuum Abo, North
15. Elevation (Show whether DF, RT, GR, etc.) GL 4017', KDB 4035'	12. County Lea

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

PERFORM REMEDIAL WORK <input checked="" 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>Complete in Abo</u> <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 JOB <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.

1. Perforate 5-1/2" casing liner in Abo formation at 8819-24, 8846-48, 8852-62', and 8866-68'.
2. Stimulate formation with acid.
3. Swab test well.
4. Install pumping unit.
5. Potential test and place well on production.

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

SIGNED ML Johnston TITLE Petroleum Engineer DATE 9-18-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Dist.: NMOCC 0/3