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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-55

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
K-6119

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. SEE APPLICATION FOR PERMIT - (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name State K 6119 Com.
2. Name of Operator Marathon Oil Company	8. Form or Lease Name State K 6119 Com.
3. Address of Operator P. O. Box 2409 Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER L 660 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 6 TOWNSHIP 17S RANGE 35E N.M.P.M.	10. Field and Pool, or Wildcat Vacuum Abo, North
11. Elevation (Show whether DE, RT, GR, etc.) GL 4024' (Est.); KDB 4036' (Est.)	12. County Lea

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	

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. Drilled 11" hole to 3025'.
2. Ran 3012' of 8-5/8", K-55, 32# and 24# ST&C Casing. Landed casing at 3025'.
3. Cemented 8-5/8" with 850 sx Halliburton lite, followed by 300 sx Class "C" w/2% CaCl. Temperature Survey indicated cement top at 88'(or 75' below ground level.)
4. Bumped plug with 1000#. Had no flow back. Tested casing to 400#. Held ok.
5. WOC 21 Hrs.
6. Commenced drilling with 7-7/8" bit.

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

SIGNED M. L. Johnston TITLE Petroleum Engineer DATE May 27, 1976

APPROVED BY TITLE DATE JUN 1 1976

CONDITIONS OF APPROVAL, IF ANY:

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