

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No. K-5796	

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 ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name ---
2. Name of Operator Marathon Oil Company	8. Form or Lease Name State K-5796
3. Address of Operator P.O. Box 2409, Hobbs, New Mexico 81240	9. Well No. 1
4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>7</u> TOWNSHIP <u>17 South</u> RANGE <u>35-East</u> N.M.P.M.	10. Field and Pool, or Wildcat Vacuum Abo, North
15. Elevation (Show whether DF, RT, GR, etc.) GL-4014'; KB 4025'	11. 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 OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	

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.

1. Pull rods and tubing.
2. Perforate 4 1/2" and 8 5/8" casing.
3. Squeeze to eliminate flow between 8 5/8" and 13 3/8" casing.
4. Run in hole with rods and tubing.
5. Place well on production.

Approximate starting date August 1, 1981

THE COMMISSION MUST BE NOTIFIED
24 HOURS PRIOR TO COMMENCING WORK

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

SIGNED Eric M. Pringle TITLE Associate Production Engineer DATE July 8, 1981

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: