

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

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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.
L-3776

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 Steve Sell	8. Farm or Lease Name Marathon 18 State
3. Address of Operator P. O. Box 5061, Midland, Texas 79702	9. Well No. #1
4. Location of Well UNIT LETTER M, 330 FEET FROM THE South LINE AND 330 FEET FROM THE West LINE, SECTION 18 TOWNSHIP 17S RANGE 34E NMPM.	10. Field and Pool, or Whiccat Vacuum - G A S A
15. Elevation (Show whether DF, RT, GR, etc.) 4120 G. L.	12. County Lea

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 Re-entry ☒

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 1103.

- 9-19-86 Remove marker and flange up.
- 9-22-86 Begin drilling plugs with reverse unit.
- 9-24-86 T. D. hole at 4750'. Run 4645' of 15.5 -17# 5 1/2" casing. Cement with 1700 sxs. of Lite and 300 sxs. of "C". Circulated 175 sxs.
- 9-27-86 Run CBL and pressure test casing to 2000# for 30 minutes. Held fine. PBTD 4577'.
- 9-28-86 Selectively perforate 4556-4350 with 20 shots. Acidize with 2000 gallons of 15% NEFE.
- 9-29-86 Frac with 30,000 gallons of 2% gelled KCL water and 220 sxs. of 20/40 and 185 sxs. of 12/20 sand.
- 9-30-86 Begin pumping back load.

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

SIGNED _____ TITLE Agent DATE 9-30-86

APPROVED BY _____ DISTRICT SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 10 1986

OFFICE
HALLS OFFICE