

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-303670000

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
579000

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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

Penron Byers

2. Name of Operator
Marathon Oil Company

8. Well No.
1

3. Address of Operator
P. O. Box 552, Midland, TX 79702

9. Pool name or Wildcat
Shipp (Strawn)

4. Well Location
Unit Letter P : 810 Feet From The South Line and 660 Feet From The East Line

Section 3 Township 17S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3763' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

Marathon Oil Company initiated work on 5/19/92 to acidize this well and place it on rod pump.

1. MIRU. Installed BOP. Pulled out of hole w/production string.
2. Acidized Strawn (11,467-11,527') w/4000 gals 20% HCl acid. Swabbed well back. RIH w/production string. Put well on pump.
3. Place well on test. RDMO 5/25/92.

6/2/92 - 50 BOPD, 50 BWPD, 75 MCF

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

SIGNATURE Thomas M. Price TITLE Advanced Engineering Tech. DATE 6/5/92

TYPE OR PRINT NAME Thomas M. Price

(915)

TELEPHONE NO. 682-1626

(This space for State Use) ORIGINAL FILED BY COPY SECTION
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: