

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
811 S. 1st Street, Artesia, NM 88210-2834

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.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

MCCALLISTER STATE

8. Well No.

11

9. Pool name or Wildcat

VACUUM; U Penn/Wolfcamp/Abo

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. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Marathon Oil Company

3. Address of Operator

P.O. Box 552, Midland, TX 79702

4. Well Location

Unit Letter

K

1927

Feet From The

SOUTH

Line and

2134

Feet From The

WEST

Line

Section

25

Township

17-S

Range

34-E

NMPM

LEA

County

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

4013' 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: DHC as per Order # 1097 ☐

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.

MIRU PU. POOH with rods and pump. NU BOP. POOH with RBP @ 9268'. Knocked out CIBP @ 9980'. RIH with with 2 7/8" tubing. SN @ 10,087'. ND BOP. NU Tree. Installed rods and pump. Hung well on and turned to test. RDMO PU.

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

SIGNATURE

Thomas M. Price

TITLE AET

DATE 8/2/95

TYPE OR PRINT NAME Thomas M. Price

TELEPHONE NO. 915/682-1626

(This space for State Use)

ORIGINAL SIGNATURE BY (NAME) DATE

DISTRICT SUPERVISOR

APPROVED BY

TITLE

DATE

AUG 21 1995