Submit 3 Copies to Appropriate

APPROVED BY\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| District Office  |                                |                                     |  |
|--|--------------------------------|-------------------------------------|--|
| DISTRICT I<br>P.O. Box 1980, Hobbs NM 88240  |                                | ATION DIVISION  Box 2088            | WELL API NO.   |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210  |                                | Mexico 87504-2088                   | 5. Indicate Type of Lease  STATE X FEE                   |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410  |                                |                                     | 6. State Oil & Gas Lease No.                             |
| SUNDRY NOTE  | PES AND REPORTS OF             | VIWELLS                             |  |
| 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  MCCALLISTER STATE  |
| 1. Type of Well: OIL GAS WELL X WELL   |                                |                                     | MCCALLISTER STATE  |
| 2. Name of Operator  Marathon Oil Company  |                                |                                     | 8. Well No.<br>11  |
| 3. Address of Operator<br>P.O. Box 552, Midland, TX  | 79702                          | 7                                   | 9. Pool name or Wildcat VACUUM-UPPER PENN                |
| 4. Well Location Unit Letter K 1927  |                                | Line and 2134                       | Feet From The WEST Line                                  |
| Section 25   | Township 17-S                  | Range 34-E                          | NMPM LEA County  |
| Section 20   | 10. Elevation (St<br>4013'GL   | now whether DF, RKB, RT, GR,        |  |
| 11. Check Ar   | ///////                        | dicate Nature of Notice             | e, Report, or Other Data                                 |
| -  | NTENTION TO:                   | <b>i</b>                            | BSEQUENT REPORT OF:                                      |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDC                | REMEDIAL WORK                       | ALTERING CASING  |
| TEMPORARILY ABANDON  | CHANGE PLANS                   | COMMENCE DRILLII                    | NG OPNS. PLUG AND ABANDONMENT                            |
| PULL OR ALTER CASING   |                                | CASING TEST AND                     | CEMENT JOB X   |
| OTHER:   |                                | OTHER:                              |  |
| 12. Describe Proposed or Completed Opwork) SEE RULE 1103.  | erations (Clearly state all pe | rtinent details, and give pertinent | dates, including estimated date of starting any proposed |
| •  |                                |                                     |  |
| SEE ATTACHMENT   |                                |                                     |  |
|  |                                |                                     |  |
|  |                                |                                     |  |
|  |                                |                                     |  |
|  |                                |                                     |  |
|  |                                |                                     |  |
|  |                                |                                     |  |
|  |                                |                                     |  |
|  |                                |                                     |  |
| I hereby certify that the information above is   |                                | ny knowledge and belief.            |  |
| SIGNATURE W.L. UMA   | 1 FORTBA                       | TITLE DRILLING SUPT.                | DATE 10-06-94  |
| TYPE OR PRINT NAME T.B. ARNOLD   |                                | ****                                | TELEPHONE NO. 915/682-16                                 |
| (This space for State Use)   |                                |                                     |  |
|  |                                | TITLE                               | OCT 24 1994  |
| APPROVED BY  |                                |                                     |  |

\_\_\_\_\_\_ TITLE \_\_\_