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	OI	L CONSER	VATIO	N DIVISI	ON .					
P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St.						WELL API NO. 30-025-34652				
DISTRICT II					-	5. Indicate Type of Lease				
P.O. Drawer DD, Artesia, NM	88210						STATE	X	FEE 🗌	
DISTRICT III 1000 Rio Brazos Rd., Aztec, N	M 87410				ľ	6. State Oil & C	as Lease No.			
- CLIND	NOTICE	AND DEDODE	ONIMELI	•				,,,,,,,		
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"					OA P					
					·	7. Lease Name or Unit Agreement Name				
	(FORM C-101)	FOR SUCH PROPO	SALS.)			Palmetto 1	7 State Co	M		
1. Type of Well: OIL WELL	GAS WELL X	OWA	c n							
	WELL [X]	ОТН	EK	_		0 77 9 37				
2. Name of Operator						8. Well No.				
Marathon 011 Company		<u></u>				9. Pool name o	r Wildcat		 ·	
3. Address of Operator P.O. Box 2490 Hobbs.	NM 88240					W11dcat	· · · · nocat			
4. Well Location										
Unit Letter G :	:1650 1	Feet From The	North	Line and	165	Feet F	om The	East	Line	
	4-	17		26.5			امما		_	
Section (17		-S Ras	nge 36-E r DF, RKB, RT,		NMPM)	Lea VIIIIII		County	
					3890					
11. Ch	eck Appro	priate Box to	Indicate l	Nature of No	otice,	Report, or	Other Da	ta		
		NTION TO:				SEQUEN			F:	
									1	
PERFORM REMEDIAL WORK		PLUG AND ABAND	ION L	REMEDIAL WO	RK	L	ALTERING	CASING	ì	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DE	RILLING	OPNS. X	PLUG AND	ABAND	ONMENT	
	$\overline{}$		_			r				
CASING TEST AND C										
PULL OR ALTER CASING			_	CASING TEST	AND CE	MENI JOB L			,	
DTHER:	pleted Operation		pertinent deta	OTHER:	<u> </u>				any propose	
The above referent TA'd. A C-103 sur summary procedure 4/26 Notified 00 4/27 Tag PBTD at sxs cmt 397 surface. PC 4/28 RD pulling 5/3 Cut off well	nced well wandry notice used to PACD office. It 4780°. Cir. 7-534°. POOLOOH. unit.	es drilled and (dated 11/15/94 this well. A RU pulling unit to hole w/plugh, wait on cmt	completed 99) and Mi copy of i t. ND wel ging mud. . RIH, tag alled dry	oTHER: d in October, T chart was the chart is Head. NU BOR PUH. Pump 35 p plug at 408 hole marker	inent date 1999 mailec attach P. RIH 5 sxs (B'. POC	es, including estinates, in November to the OCI med. w/2 3/8	er, 1999 the office. It office. It orkstring.	starting ne wel Below o 534'	1 was is the . Pump 45 60° to	
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Sub mit 3 Copies

APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and Natura	I Resources Department		Rev	rised 1-1-89			
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVAT		WELL API NO.					
DISTRICT II	Santa Fe, Ni	M 87505	30-025-34652 5. Indicate Type of Lease					
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of	STATE X	FEE [
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas	Lease No.				
SUNDRY NOTI	CES AND REPORTS ON W	ELLS						
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C-	7. Lease Name or Unit Agreement Name Palmetto 17 State Com							
1. Type of Well:	101) TOTAL CONTROL OF THE CONTROL OF		Painetto 1/ 3	state com				
OIL GAS WELL	OTHER							
2. Name of Operator		····································	8. Well No.					
Marathon 011 Company			1					
3. Address of Operator			9. Pool name or W	'ildcat				
P.O. Box 2490 Hobbs. NM 88	240		Wildcat					
Unit Letter G: 1650	Feet From The Nort	h Line and 16	50 Feet From	The E	ast Line			
Section 17	Township 17-S	Range 36-E tether DF, RKB, RT, GR, etc	NMPM	Lea	County			
	//////////////////////////////////////	L 3878' KB 3890'	·• ·					
11. Check Ap	propriate Box to Indica	te Nature of Notice,	Report, or O	ther Data				
NOTICE OF IN	ITENTION TO:	SUE	SEQUENT	REPORT	OF:			
	· ·	7			г			
PERFORM REMEDIAL WORK	PLUG AND ABANDON L	J REMEDIAL WORK		ALTERING CA	SING L			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND AB	ANDONMENT [
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB					
OTHER:		OTHER: Mechanica	l Integrity Te	st				
Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state all pertinent	details, and give pertinent da	tes, including estima	ted date of star	ting any proposed			
	pleted the MIT test on t itchard, OCD representat		well on Novemb	er 12, 199	9. This test			
Chart is attached.								
								
I hereby certify that the information above is tr	rue and complete to the best of my know	rieage and belief.						
SIGNATURE ALLEY LOR		TITLE Records Process	or	DATE	11/15/99			
TYPE OR PRINT NAME Kelly Cook				TELEPHONE NO.	393-7106			
(This space for State Use)				3				

DATE___

