

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 88241-1980

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

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

**OIL CONSERVATION DIVISION**

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. <b>30-025-34652</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Palmetto 17 State Com</b>
8. Well No. <b>1</b>
9. Pool name or Wildcat <b>Wildcat</b>

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator <b>Marathon Oil Company</b>	
3. Address of Operator <b>P.O. Box 2490 Hobbs, NM 88240</b>	
4. Well Location Unit Letter <b>G</b> : <b>1650</b> Feet From The <b>North</b> Line and <b>1650</b> Feet From The <b>East</b> Line Section <b>17</b> Township <b>17-S</b> Range <b>36-E</b> NMPM <b>Lea</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>GL 3878' KB 3890'</b>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

The above referenced well was drilled and completed in October, 1999. In November, 1999 the well was TA'd. A C-103 sundry notice (dated 11/15/99) and MIT chart was mailed to the OCD office. Below is the summary procedure used to PA this well. A copy of the chart is attached.

- 4/26 Notified OCD office. RU pulling unit. ND wellhead. NU BOP. RIH w/2 3/8" workstring.
- 4/27 Tag PBTD at 4780'. Circ hole w/plugging mud. PUH. Pump 35 sxs cmt 2943-3049'. PUH to 534'. Pump 45 sxs cmt 397-534'. POOH, wait on cmt. RIH, tag plug at 408'. POOH. ND BOP. Pump 20 sxs cmt 60' to surface. POOH.
- 4/28 RD pulling unit.
- 5/3 Cut off wellhead, capped well, installed dry hole marker. Cut off anchors and closed cellar.

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

SIGNATURE Kelly Cook TITLE Records Processor DATE May 12, 2000  
TYPE OR PRINT NAME Kelly Cook TELEPHONE NO. 393-7106

(This space for State Use)

APPROVED BY Johnny Robinson TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <b>Mechanical Integrity Test</b> <input checked="" type="checkbox"/>

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 completed the MIT test on the above referenced well on November 12, 1999. This test was witnessed by Bill Pritchard, OCD representative.

Chart is attached.

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

SIGNATURE Kelly Cook TITLE Records Processor DATE 11/15/99  
TYPE OR PRINT NAME Kelly Cook TELEPHONE NO. 393-7106

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

