

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. 30-025-34652
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 Palmetto 17 State Com
8. Well No. 1
9. Pool name or Wildcat Southwest Wildcat Livingston San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL 3878' KB 3890'

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

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: **Mechanical Integrity Test** ☒

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.

*This Approval of Temporary
Suspend* **11-19-2004**

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 STATE WORK FIELD REP. D TITLE STATE WORK FIELD REP. D DATE 11-19-2004

CONDITIONS OF APPROVAL, IF ANY:

JO CN

CP

