

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE
FILE
U.S.G.S.
LAND OFFICE
OPERATOR

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form O-103
Revised 10-1-

5a. Indicate type of lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-5553

NOTICE OF INTENTION TO DRILL OR TO RE-DRILL OR TO RE-CEMENT OR TO PLUG A WELL OR TO A DIFFERENT RESERVOIR.

DO NOT USE THIS FORM FOR A WELL THAT IS TO BE RE-CEMENTED OR PLUGGED OR TO A DIFFERENT RESERVOIR. USE FORM O-103 FOR SUCH OPERATIONS.

1. Name of Operator	Marathon Oil Company	2. Unit Agreement Name	
3. Address of Operator	P. O. Box 552, Midland, Texas 79702	4. Field or Lease Name	Elliott State
5. Location of Well	UNIT LETTER P 790 FEET FROM THE South LINE AND 990 FEET FROM THE East 30 TOWNSHIP 19-S RANGE 37-E	6. Well No.	5
7. Elevation (show whether DT, RT, GR, etc.)	GR: 3607'	8. Field and Pool, or Wildcat	Eunice-Monument (G-SA)
9. County	Lea		

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

1. RE-CEMENTAL WORK	2. PLUG AND ABANDON	3. REMEDIAL WORK	4. ALTERING CASING
5. TEMPORARILY ABANDON	6. CHANGE PLANS	7. COMMENCE DRILLING OPNS.	8. PLUG AND ABANDONMENT
9. FULLY ALTER CASING		10. CASING TEST AND CEMENT LOGS	
OTHER Add perforations and acidize	☒	OTHER	

11. 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 proposes to add perforations to the G-SA formation from 3802'-08' with 2 JSPF (14 holes). These perforations will be acidized with 50 gals. HCl per foot utilizing a wash tool. The entire G-SA 3802'-08' (perfs) and 3818'-50' (6 JSPF - 192 holes) will be acidized w/ 4000 gals. 15% HCl. This work is scheduled to begin approximately 4-23-87.

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

SIGNED Eric M. Fung TITLE Engineer DATE March 30, 1987

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 1 1987

CONDITIONS OF APPROVAL, IF ANY: