

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

Form C-103
 Revised 10-1-78

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| LAND OFFICE | |
| OPERATOR | |

5a. Indicate Type of Lease
 State Fee

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name
 Bertha Barber

9. Well No.
 6

10. Field and Pool, or Wildcat Monument
 Grayburg-San Andres

12. County
 Lea

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.)

OIL WELL GAS WELL OTHER

Name of Operator
 Marathon Oil Company

Address of Operator
 P.O. Box 2409, Hobbs, New Mexico 88240

Location of Well
 UNIT LETTER L 1980 FEET FROM THE South LINE AND 660 FEET FROM
 THE West LINE, SECTION 5 TOWNSHIP 20S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
 KB 3569' GL 3558'

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

| | | | |
|--|---|---|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER <u>Add perforations</u> <input checked="" type="checkbox"/> |

17. 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.

Swab testing the zone from 3606-74 proved unsuccessful. On November 10 a CIBP with 2 sacks of cement was set at 3598'. The casing was then perforated at 3540, 10, 19, 26, 34, 37, 41, 48, 61, 66, 70, 74 with 1 JSPF. This zone was treated with 1200 gallons 15% HCl on November 11. After swabbing for 5 days this zone proved to be unproductive. This well is now shut-in awaiting further evaluation.

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

SIGNED Thomas F. Zapatka TITLE Production Engineer DATE November 18, 1983

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE _____ DATE NOV 22 1983
DISTRICT 1 SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

Expires 11-22-84

NOV 21 1983
O.C.D.
HOBBBS OFFICE