Submit 3 Copies To Appropriate District State of New Me	kico Form C-103	
Office Energy Minerals and Natur		
District I 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.	
District II 811 South First, Artesia, NM 88210 OIL CONSERVATION	1.5 Indicate Lype of Lease	
District III 1220 South St. Fran	CIS Dr. STATE FEE X	
District IV Santa Fe, INIVI 87	6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU	7. Lease Name or Unit Agreement Name: G BACK TO A	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FC	R SUCH Bertha Barber	
PROPOSALS.) 1. Type of Well:		
Oil Well X Gas Well Other	8. Well No.	
2. Name of Operator Marathon Oil Company	10	
3. Address of Operator	9. Pool name or Wildcat	
PO Box 2490 Hobbs, NM 88240 4. Well Location	Monument: Blinebry	
Unit Letter L : <u>1980</u> feet from the <u>South</u>	line and <u>560</u> feet from the <u>West</u> line	
Section 5 Township 20-S Rang	e 37-E NMPM County Lea	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		
GL 3556' 11. Check Appropriate Box to Indicate Na	ture of Notice Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	
	COMMENCE DRILLING OPNS. C PLUG AND ABANDONMENT	
PULL OR ALTER CASING DULTIPLE COMPLETION	CASING TEST AND	
OTHER:	OTHER: Temporarily Abandoned Well X	
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. For Multiple Completions: Attach wellbore diagram of proposed completion		
or recompilation.		
Marathon Oil Company has temporarily abandoned the above reference well.		
Chart is attached.	23	
8/7 Dump 35' cmt on CIBP at 3401'. Set CIBP at 2740'.	100 100 100 100 100 100 100 100	
8/8 Load & test csg w/500 psi for 30 min.		
/		
This Approval/of	Temporary / E/X	
Abandonment Ekpi	res $8/1-3/07$	
I hereby certify that the information above is true and complete to the	best of my knowledge and belief.	
signature filling look	Admin.AssistantDATE2/02	
Type or print name	Telephone No.	
(This space for State use)		
APPPROVED BY		
Conditions of approval, if any:	LUCNTATIVE IL/STAFF MANAGER AUG 1 5 2002	
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