

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 88240

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-06036

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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 ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Marathon Oil Company

3. Address of Operator

P. O. Box 552, Midland, TX 79702

4. Well Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section

9

Township

20-S

Range

37-E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3554' KB

3543' GL

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: Abandon Grayburg - Single Eumont ☒

Completion

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.

On 2/7/92, Marathon Oil Company initiated operations to abandon the Grayburg and make a single completion in the Eumont. The following is the condensed procedure:

1. Set CIBP @ 3625' (by wireline) and dumped 2 sx cmt. PBTD 3598'.
2. Acidize Eumont 3104-3522' with 3,000 gals 7.5% NEFE HCl and 300 balls. Packer @ 3006'.
3. Swabbed well in. Place on test.
4. 3/4/92: FTP = 40, 185 MCFPD, 32/64" choke.

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

SIGNATURE

Rod J. Prosceno

TITLE

Operations Engineer

DATE

3/5/92

TYPE OR PRINT NAME

Rod J. Prosceno

TELEPHONE NO.

(915)
682-1626

(This space for State Use)

APPROVED BY

TITLE

DATE

MAR 09 '92

CONDITIONS OF APPROVAL, IF ANY: