Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-163 Revised 1-1-29

**Revised 1-1-49** DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 82240 WELL API NO. P.O. Box 2088 30-025-0604 C DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM \$2210 5. Indicate Type of Lease. FEE X STATE DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410 6. State Oil & Gas Lease No. 411860 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.) W.H. LAUGHLIN 1. Type of Well: WELL X OTHER 2. Name of Operator & Well No. Marathon Oil Company 4 3. Address of Operator 9. Pool name or Wildox P.O. Box 552 Midland, Tx. 79702 **EUNICE MONUMENT GSA** 4. Well Location : 1980 Feet From The NORTH Line and 990 Feet From The EAST Section 9 Township 20-S Range 37-E NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL: 3544 KB:3555 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER:\_ 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 CO. RECENTLY COMPLETED P&A OPERATION ON THIS WELL. THE WORK IS SUMMARIZED ON THE ATTACHED PLUGGING REPORT.

I hereby cartify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Thomas in Price	TITLE ADV. ENG. TECH	DATE 12-4-92
TYPE OR PRINT NAME THOMAS M. PRICE		ТЕLЕРНОМЕ NO.800-351-1417
(This space for State Use)  APPROVED BY Charles errin	OIL & GAS INSPECT	OR JAN 12 1993

CONDITIONS OF APPROVAL, IF ANY:

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