

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

Revised March 25, 1999

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.

30-025-21652

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Laughlin

8. Well No.

1

9. Pool name or Wildcat

Monument Tubb

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

PO Box 2490 Hobbs, NM 88240

4. Well Location

Unit Letter H : 2310 feet from the North line and 330 feet from the East line

Section 9 Township 20S Range 37E NMPM County Lea

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

GL 3540' KB 3551'

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 ☐ MULTIPLE COMPLETION ☐

OTHER: Place well on PA list ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Marathon Oil Company has bidden out this well to Triple N for plug and abandonment.
Plugging will commence within the next 60 days (as rig becomes available).

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

SIGNATURE Kelly Cook TITLE Admin. Assistant DATE 11/29/01

Type or print name Kelly Cook

Telephone No. 393-7106

This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: