

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

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30-025-32465
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Marathon Oil Company		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 2490 Hobbs, NM 88240		7. Lease Name or Unit Agreement Name: W.H. Laughlin
4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>North</u> line and <u>2250</u> feet from the <u>West</u> line Section <u>9</u> Township <u>20-S</u> Range <u>37-E</u> NMPM County <u>Lea</u>		8. Well No. 6
10. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3544' KB 3550'		9. Pool name or Wildcat Eumont; Yates, 7 Rivers, Queen

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: Add Pay & Stimulate

☒

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 recompilation.

Marathon Oil Company is planning to add perforations in the Upper Eumont and stimulate.
Please see attached procedure.

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 9/7/01

Type or print name Kelly Cook

Telephone No. _____

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: _____