Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

| District Office | Energy, withertais and ivatural r | csources Department | Revised 1-1-89 |
|--|--|-------------------------------|---|
| DISTRICT I | OIL CONSERVATION | ON DIVISION | |
| P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II | 2040 Pacheco St. Santa Fe, NM 87505 | | WELL API NO. |
| P.O. Drawer DD, Artesia, NM 88210 | | | 30-025-32465 5. Indicate Type of Lease |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | STATE X FEE 6. State Oil & Gas Lease No. |
| SUMPRIME STATE | ICES AND REPORTS ON WEL | | |
| (DO NOT USE THIS FORM FOR PRO | OPOSALS TO DRILL OR TO DEEPEN | LO DR PLUG BACK TO A | |
| UIFFEHENT RESER | RVOIR. USE "APPLICATION FOR PER -101) FOR SUCH PROPOSALS.) | MIT" | 7. Lease Name or Unit Agreement Name |
| 1. Type of Well: | | | W.H. Laughlin |
| OIL GAS WELL X | OTHER | | |
| 2. Name of Operator | | | 8. Weli No. |
| Marathon 011 Company | | | 6 |
| 3. Address of Operator P.O. Box 2490 Hobbs, NM 88 | 2240 | | 9. Pool name or Wildcat |
| 4. Well Location | | | Eumont: Yates, 7 Rivers, Queen |
| Unit Letter F : 1980 | Feet From The North | Line and 225 | 60 Feet From The West Line |
| Section 9 | Township 20-S Ra | 27.5 | |
| | Township 20-5 Ra | nge 37-E | NMPM Lea County |
| | | <u>L 3544:</u> KB | <i>\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(\(</i> |
| 11. Check Ap | propriate Box to Indicate | Nature of Notice, | Report, or Other Data |
| NOTICE OF IN | ITENTION TO: | | SEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | DEMEDIAL WORK | |
| TEMPORARILY ABANDON | | REMEDIAL WORK | ☐ ALTERING CASING [|
| | CHANGE PLANS | COMMENCE DRILLING | OPNS. L. PLUG AND ABANDONMENT L |
| PULL OR ALTER CASING | | CASING TEST AND CEN | MENT JOB |
| OTHER: | | OTHER: Put well b | ack on production |
| 12. Describe Proposed or Completed Oper | rations (Clearly state all pertinent date | <u> </u> | es, including estimated date of starting any proposed |
| work) SEE RULE 1103. | version and perturbing decay | us, and give pertilient tiate | ss, including estimated date of starting any proposed |
| 7/14 Acidize w/2250 gal: | U BOP. POOH w/tbg. RIH w/biene. POOH. RIH w/tbg to 352 s 15% HCL. Swab. PUH 2 jts. ion inhibitor down csg. Swa | ?2". .ND BOP. NU wellhe | 3318-3655'. Circ hole clean. ad. |
| I hereby certify that the information above is true. SIGNATURE TYPE OR PRINT NAME Kelly Cook (This space for State Use) | 1_ | Records Processo | r DATE 7/17/00 TELEPHONE NO. 393-7106 |
| | | | · · |
| | TTFL | E | DATE |
| CONDITIONS OF APPROVAL IF ANY | | | |