Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-025-32465 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE 🗌 STATE X DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) W. H. Laughlin 1. Type of Well: GAS WELL X WELL [OTHER 8. Well No. 2. Name of Operator Marathon Oil Company 3. Address of Operator 9. Pool name or Wildcat P.O. Box 552, Midland, TX 79702 Eumont/Y, SR, QN 4. Well Location 1980 Feet From The North 2250 Unit Letter West Line and Feet From The Line 9 20-S Township 37-E Section Range **NMPM** Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL:3544 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB X **PULL OR ALTER CASING** OTHER: SPUD & DRLG OPS 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. See attached

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I hereby certify that the is	formation above is true and complete to the best of my knowledge and belief.	
SIGNATURE	formation above is true and complete to the best of my knowledge and belief. TITLE DRILLING SUPERINTEND	DENT DATE 1/15/95
TYPE OR PRINT NAME T	B. ARNOLD	TELEPHONE NO.915/682/162
(This space for State Use)	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	JAN 27 1995

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY_

DISTRICT I SUPERVISOR