

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. <b>30-025-32579</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

**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.)

7. Lease Name or Unit Agreement Name  
**MCGRAIL STATE**

1. Type of Well:  
OIL WELL ☐ GAS WELL ☒ OTHER

8. Well No.  
**3**

2. Name of Operator  
**Marathon Oil Company**

9. Pool name or Wildcat  
**EUMONT, 7R, YATES, QUEEN**

3. Address of Operator  
**P.O. Box 552, Midland, TX 79702**

4. Well Location  
Unit Letter **K** : **1880** Feet From The **SOUTH** Line and **1980** Feet From The **WEST** Line

Section **26**

Township **19-S**

Range **36-E**

NMPM LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**3674'G.L.**

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

**SUBSEQUENT REPORT OF:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

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.

SEE ATTACHED DRILLING DETAIL.

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

SIGNATURE

*T. B. Arnold*

TITLE **DRILLING SUPT.**

DATE **9-13-94**

TYPE OR PRINT NAME **T. B. ARNOLD**

TELEPHONE NO. **915/682-16**

(This space for State Use)

ORIGINAL SIGNED BY **JERRY SEXTON**  
DISTRICT I SUPERVISOR

**SEP 16 1994**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 15 1944

OFFICE