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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

TELEPHONE NO. 915/682 - 1626

District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-025-32708 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE [] DISTRICT III 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.) ELLIOT/STATE 1. Type of Well: GAS WELL X WELL [OTHER 2. Name of Operator 8. Well No. Marathon Oil Company 3. Address of Operator 9. Pool name or Wildcat 79702 P.O. Box 552, Midland, TX EUMONT/Y.SR.QN 4. Well Location SOUTH 660 1980 EAST Unit Letter Feet From The Line and Feet From The Line 30 19-S 37-E LEA NMPM Range Section Township County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL: 3606 KB: 3612 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: NEW WELL COMPLETION 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. NU BOP. TESTED BOP & CSG TO 4000 PSI. USING 120 DEGREE PHASED GUNS
PERF 3434-37,3447-55,3464-77,3481-89,3525-29,3545-48,3553-61,3566-3570 W/2 JSPF
ACIDIZED DN CSG W/1000 GALS 7 1/2% HCL. FRACTURED W/108000 GALS 70 QUALITY CO2
FOAM & 325000 #12/20 BRADY SAND. ISIP 2250 40 MIN SIP 1225. FLOWED TO PIT TO CLEAN UP.
RUPU. BAILED SAND TO 3600'. RIH W/2 3/8" TBG TO 3511'. HUNG OFF TBG. ND BOP. NU WH.
SWABBED WELL & KICKED OFF TO FLOW LINE 12/17/94. I hereby certify that the information above is true and complete to the best of my knowledge and belief. mo TITLE ADV. ENGIN. TECH. homasm DATE 1/5/95

TITLE

(This space for State Use)

APPROVED BY

TYPE OR PRINT NAME THOMAS M. PRICE

PECEIVED

MA 0 9 15.5 MA HOBBS OFFICE