Submit 3 Copies To Appropriate D	istrict	State of N	Jew N	/lexico				Form C-	.10′										
Office Energy, Minerals and Natural Resources					(Revised March 25, 1999													
1625 N. French Dr., Hobbs, NM 87240 District IIOIL CONSERVATION DIVISION811 South First, Artesia, NM 87210 District IIIOIL CONSERVATION DIVISION1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 87505Santa Fe, NM 87505					WELL API NO. 30-025-33578														
					5. Indicate Type of Lease STATE x FEE 6. State Oil & Gas Lease No. 6440														
										(DO NOT USE THIS FORM FOR DIFFERENT RESERVOIR. USE PROPOSALS.)	PROP	CES AND REPORTS O OSALS TO DRILL OR TO DE CATION FOR PERMIT" (FOR	FPEN		7. Leas	se Name or	Unit Agreem	ent Name:	
										1. Type of Well: Oil Well 🕱 Gas Well 🗍 Other						McGrail State			
2. Name of Operator						No.			-										
Marathon Oil Company					8														
3. Address of Operator					9. Pool name or Wildcat														
P.O. Box 552 Midland, TX 79702 4. Well Location						Monument ABO													
Unit Letter A	_:	990 feet from the	No	rth line and	380	feet fron	n the E	ist li	ne										
Section 27	0000000		9-S		NMPM	[County	Lea											
		10. Elevation (Show wh	iether -3709	DR, RKB, RT, GR, etc '; KB-3725'	c.)														
11. Ch	eck A	ppropriate Box to Inc	dicate	Nature of Notice.	Report	or Other	<u> </u>	666666666666	Ść										
NOTICE OF	INTE	ENTION TO:					ORT OF:												
PERFORM REMEDIAL WORK	X	PLUG AND ABANDON		REMEDIAL WORK		ALTERING		Г											
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLI		PLUG ANE		L F											
PULL OR ALTER CASING		MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB		ABANDONMENT		L_											
OTHER:				OTHER:					-										
12. Describe Proposed or Cor of starting any proposed w or recompilation.	UIK)	SEE RULE 1103. For Mu	ultiple	Completions: Attach v	e pertinen wellbore d	t dates, incl liagram of p	uding estima roposed con	ted date pletion	_										
1. Install CIBP at 72	40′. :	Perforate ABO from 71	.03-72	223′. TEST			132587	8 9 70 777											
						200 20 20 30 30 30 30 30 30 30 30 30 30 30 30 30	A Strain Providence A Stra	0, 5000 50											
nereby certify that the information a	bove is	true and complete to the bes	st of m	y knowledge and belief.				· <u> </u>											
GNATURE CONCORDE		10		Administrative As	sistant	DA		0 (00											
pe or print name Veronica G	lindo					DA		29/02											
his space for State use)				C. S.C.NF	D'BY	Telephone	INO. 915-6	587-8418											
PROVED BY			TITL	PAUL F. KAU	TZ		_e jun 04	1 2007											
onditions of approval, if any:					HINEET -	DAT		L 40.45 W.40											

APPROVED BY		
Conditions of approval,	if any:	

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