

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

OIL CONSERVATION DIVISION

DISTRICT II
811 S. 1st Street, Artesia, NM 88210-2834

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

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

WELL API NO.
30-025-33607

5. Indicate Type of Lease
STATE ☒ FEE ☐

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.
9

2. Name of Operator
Marathon Oil Company

3. Address of Operator
P.O. Box 2409, Hobbs, NM 88240

9. Pool name or Wildcat
Monument Abo

4. Well Location
Unit Letter K : 1980 Feet From The South Line and 1650 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.)
GL: 3681

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: Acidize Abo Perfs. ☒

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.

12/3/96 MIRU acid company. Install tree saver and laid treating lines. Acidized Abo perfs 7422-7455' with 5000 gals of 15% acid energized with 500 scf/bbl of Nitrogen with 80 ball sealers for divert. RD acid company.

Flowed well to recover load. Placed well on production.

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

SIGNATURE Kelly Cook TITLE _____ DATE 3/12/97

TYPE OR PRINT NAME Kelly Cook

TELEPHONE NO. 393-7106

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 14 1997

CONDITIONS OF APPROVAL, IF ANY: