

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30-025-33687
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement McGrail State
8. Well No. 10
9. Pool name or Wildcat Monument Abo
10. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3655'

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.)

1. Type of Well:
Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
Marathon Oil Company

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

4. Well Location

Unit Letter **N** : **400** feet from the **South** line and **1650** feet from the **West** line

Section **26** Township **19-S** Range **36-E** NMPM **Lea**
County

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Rigged up well service unit. POOH w/tubulars. Latched onto RBP @ 7413' & POOH. Swapped previously isolated Abo perms 7417-27' (14% oil cut). Ran CIBP & set @ 7413'. Ran sub-pump. Returned to production as before from Abo perms 7391-7409'. Rigged down well service unit.

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

SIGNATURE Tim L. Chase TITLE **Advanced Engineer Technician** DATE **03-12-03**

Type or print name **Tim L. Chase** Telephone No. **915-687-8408**
(This space for State use)

APPROVED BY _____ TITLE _____ DATE **MAR 17 2003**

Conditions of approval, if any:

ORIGINAL SIGNED BY
GARY W. WINK
OCD FIELD REPRESENTATIVE / STAFF MANAGER