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HOBBS OFFICE O. G. O.
NEW MEXICO OIL CONSERVATION COMMISSION

DEC 1 1 35 PM '65

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65.

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. A-3071
7. Unit Agreement Name -
8. Farm or Lease Name State Hansen
9. Well No. 5
10. Field and Pool, or Wildcat Monument Tubb
12. County Lea

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Marathon Oil Company
3. Address of Operator Box 220 Hobbs, New Mexico
4. Location of Well UNIT LETTER <u>H</u> <u>1980</u> FEET FROM THE <u>north</u> LINE AND <u>660</u> FEET FROM THE <u>east</u> LINE, SECTION <u>16</u> TOWNSHIP <u>20S</u> RANGE <u>37E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3544' GR

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"/>	OTHER <u>Acidize</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

We propose to acidize the Tubb Oil zone through 5 $\frac{1}{2}$ " casing perforations at 6524 - 6564'.

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

SIGNED <u>[Signature]</u>	TITLE <u>Area Supt.</u>	DATE <u>11-29-65</u>
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u>11-29-65</u>
CONDITIONS OF APPROVAL, IF ANY:		