						
NO. OF COPIES RECEIVED	PIES RECEIVED			Form C-103 Supersedes Old		
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION			C-102 and C-103		
SANTA FE		NEW MEXICO OIL CO	NSERVATION COMMISSION	Effective 1	1-1-65	
FILE			W W 100			
U.S.G.S.			DEC 20 11 27 AM '66	5a. Indicate T		
LAND OFFICE				State	Fee X	
OPERATOR				5. State Oil &	Gas Lease No.	
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	CIII	NDDY NOTICES AND DEPORTS (NI WELLS	THINK		
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. Unit Agreement Name	
1. OIL X GAS WELL		OTHER-		7. Onit Agreen		
2. Name of Operator Marathon Oil Company					W. S. Marshall "B"	
3. Address of Operator					9. Well No.	
P. O. Box 220, Hobbs, New Mexico					6 10. Field and Pool, or Wildcat	
UNIT LETTER		585 FEET FROM THE South	LINE AND FEET FROM	Paddo	ck	
THE West LINE, SECTION 27 TOWNSHIP 215 RANGE 37E NMPM.						
15. Elevation (Show whether DF, RT, GR, etc.) DF 3427'						
16.	7777			Lea		
		ck Appropriate Box To Indicate FINTENTION TO:	Nature of Notice, Report or Otl		F:	
	٦	T	7	A		
PERFORM REMEDIAL WORK	4	PLUG AND ABANDON	REMEDIAL WORK		TERING CASING	
TEMPORARILY ABANDON	╡	_	COMMENCE DRILLING OPNS.	PLU	G AND ABANDONMENT	
PULL OR ALTER CASING	ا	CHANGE PLANS	CASING TEST AND CEMENT JOB			
		_	OTHER			
OTHER Acidize		[<u>K</u>			
15 December December Co		of Consessions (Clearly state all partinent	letails, and give pertinent dutes, including	astimated date	of starting any proposed	
work) SEE RULE 1103.	ompret	ed Operations (Crearry state att pertinent o	ietatis, and give pertinem aites, including	estimated date	oj staitting unty proposeu	
		62'. Plan to treat Paddoo of 15% H.C.I.N.E. acid.	ck Zone thru casing perfor	ations 510	08-5122'	
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18. I hereby certify that the	inform	ation above is true and complete to the be	st of my knowledge and belief.			
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As I !		121	Acting Area Supt.		12-13-66	
SIGNED		TITLE	WOUTHE TIER DUPLE	_ DATE	16-17-00	
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APPROVED BY		TITLE	······································	DATE		
CONDITIONS OF APPROVA	L. IF	ANY:				

Dist: CoPI: Jid; LHS: File