Submit 3 Copies

State of New Mexico

to Appropriate District Office	Energy, Minerals and Natural	Resources Department		Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505		WELL API NO.	
DISTRICT II			30-025-070	40
P.O. Drawer DD, Artesia, NM 88210	,		5. Indicate Type of Lease	TE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No	
	ICES AND REPORTS ON WE			
(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 Agree	ement Name
I. Type of Well: OIL GAS WELL WELL X	OTHER		DHC No. 836	
2. Name of Operator			8. Well No.	
Marathon 011 Company			4	
3. Address of Operator P.O. Box 2490, Hobbs, NM 88241			9. Pool name or Wildcat	
4. Well Location			Blinebry, Drinkard	& ADO
Unit Letter <u>K</u> : 1980	Feet From The South	Line and 19	Feet From The	West Line
Section 35	Township 21-S	Range 37-E	NMPM Lea	County
		ther DF, RKB, RT, GR, etc B 3384' GL 3372'	:)	
11. Check Ap	propriate Box to Indicate		Report or Other D	<u> </u>
NOTICE OF IN			SEQUENT REPO	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		_
TEMPORARILY ABANDON	CHANGE PLANS	1		G CASING L
	Change Plans []	COMMENCE DRILLING		D ABANDONMENT L
PULL OR ALTER CASING		CASING TEST AND CE	1-14-6	C-830
OTHER:		OTHER: DHC Bline	ry Drinkard and Ab	o []
12. Describe Proposed or Completed Operwork) SEE RULE 1103.	rations (Clearly state all pertinent de	etails, and give pertinent dat	tes, including estimated date o	f starting any proposed
3/22 RU pulling unit. P	00H w/pump & rods. ND wel	lhead. NU BOP. POOH	w/tbg. RIH clean out	6160-6203'.
POOH. 3/27 RIH w/RBP retrievi	ng head and clean out 6203	3-6450° with air un	it (top of RBP). Late	th onto RBP
release, POOH.			100p 01 101 70 200	
	7280', POOH. RIH w/2 3/8"1 U wellhead. RIH w/pump & 7			
	il the & flowline. Load &			
3/31 RD pulling unit.	•	• " -		
SN at 7226'				
Btm of tbg 7261'				
I hereby certify that the information above is tru	ue and complete to the best of my knowled	ge and belief.		
SIGNATURE Kelly (40)	<u>к</u> т	TLE Records Processo	DATE	4/18/00
TYPE OR PRINT NAME Kelly Cook			TELEPHONE	NO. 393-7106
(This space for State Use)	AMACE ON CHOIS IS LEIMN			e 15 1 €0 €
				W 117

CONDITIONS OF APPROVAL, IF ANY: