

ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-71

5a. Indicate Type of Lease

State ☐Fee ☒

5. 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.

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Marathon Oil Company	8. Farm or Lease Name Mark Owen
3. Address of Operator P.O. Box 2409 Hobbs, New Mexico 88240	9. Well No. 4
4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>35</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> N.M.P.M.	10. Field and Pool, or Whicat Wantz Abo-Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) KB 3384' : GR 3371'	12. County Lea

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 ☐REMEDIAL WORK ☒ALTERING CASING ☐TEMPORARILY ABANDON ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☐PULL OR ALTER CASING ☐CHANGE PLANS ☐CASING TEST AND CEMENT JOB ☐OTHER ☐

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.

On February 5, 1986, 5½" packer was pulled from 6437'. A 4" Brown Oil Tool Huskey M-1 packer was ran in the liner and set at 6506'. The tubing was hydrotested to 5000# and two collar leaks were found. Well was placed back on production.

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

SIGNER Tony Vallum

TITLE Engineering TechnicianDATE 2-5-86

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR

TITLE

DATE MAR 6 - 1986

CONDITIONS OF APPROVAL, IF ANY: