

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

Form C-103  
 Revised March 25, 1999

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

WELL API NO. 30-025-09013
5. Indicate Type of Lease STATE      FEE      X
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Eunice, South (Seven Rivers Queen) Unit
8. Well No. 102
9. Pool name or Wildcat Eunice; Seven Rivers Queen, South

**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 X      Water Injection

2. Name of Operator  
 Marathon Oil Company

3. Address of Operator  
 PO Box 2490      Hobbs, NM 88240      505-393-7106

4. Well Location  
 Unit Letter M : 660 feet from the South line and 560 feet from the West line  
 Section 23      Township 22      Range 36      NMPM      County Lea

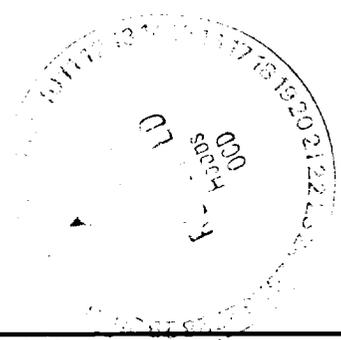
10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 KB 3496'      GL 3506'

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: MIT test	X

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.

8/15 A MIT test was performed on the above reference well and witnessed by E.L. Gonzalez, OCD Representative. The well was pressure tested to 385 psi for 25 minutes with no pressure drop. Please find the chart attached.



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

SIGNATURE Kelly Cook      TITLE Admin. Assistant      DATE 8/28/02

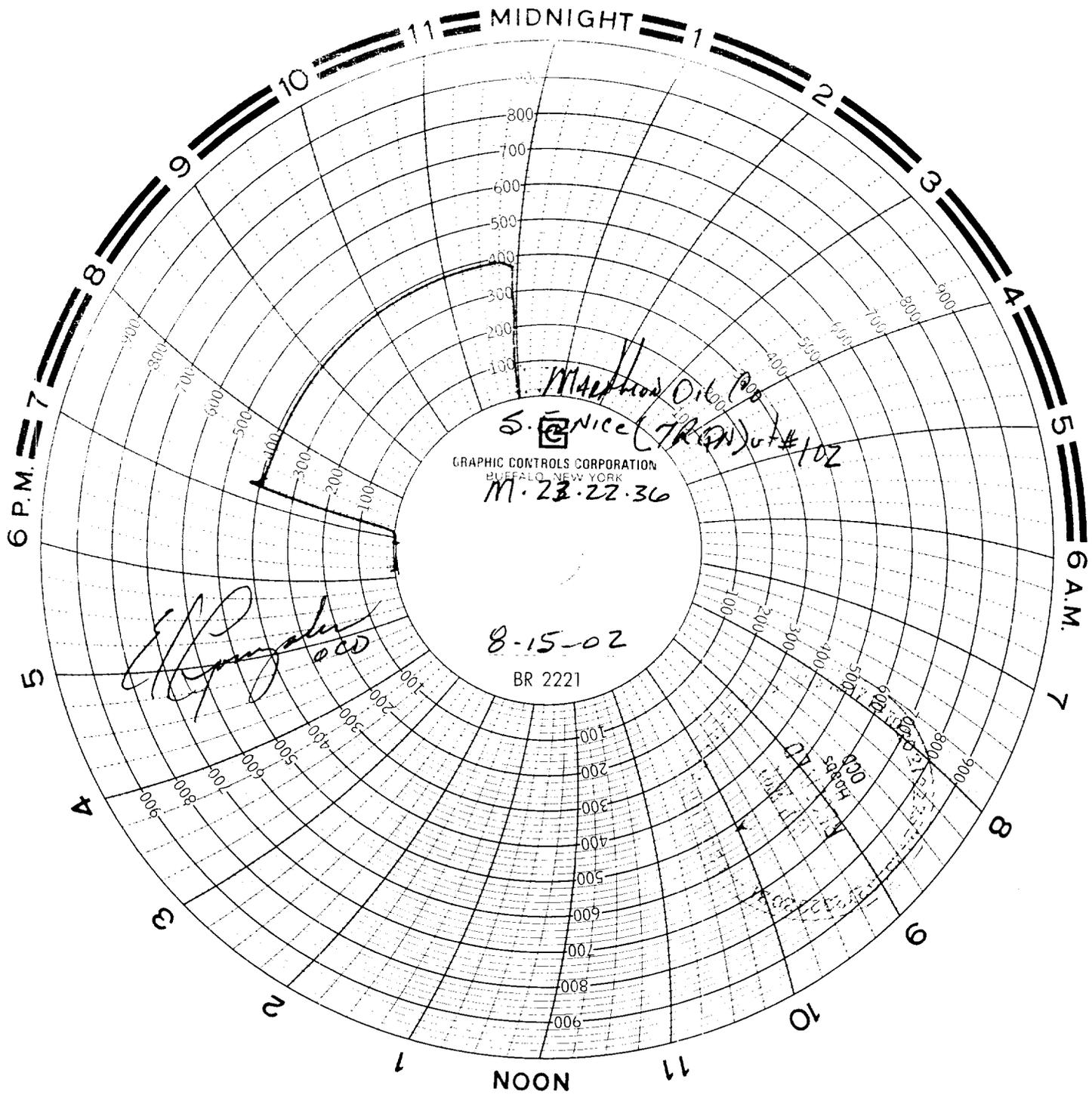
Type or print name Kelly Cook      ORIGINAL SIGNED BY GARY W. WINK      Telephone No. 393-7106

(This space for State use)      FIELD REPRESENTATIVE / STAFF MANAGER

APPROVED BY \_\_\_\_\_      TITLE \_\_\_\_\_      DATE SEP 03 2002

Conditions of approval, if any:

J  
C  
S



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

M. 22.22.36

8-15-02

BR 2221

*J.P. [unclear]*

Madison Oils (Pop)  
S. @ Nice (TRON) of #102