Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-09934

5. Indicate Type of Lease STATE ☐ FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name
W. S. Marshall "B"

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Marathon Oil Company

8. Well No.
1

3. Address of Operator
P.O. Box 552 Midland, Tx. 79702

9. Pool name or Wildcat
Drinkard/Blinebry

4. Well Location
Unit Letter N : 589 Feet From The South Line and 2051 Feet From The West Line

Section 27 Township 21-S Range 37-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR 3401'

11. 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 | ☐ | CHANGE PLANS | ☐ | COMMENCE DRILLING OPNS. | ☐ | PLUG AND ABANDONMENT | ☐ |
| PULL OR ALTER CASING | ☐ | | | CASING TEST AND CEMENT JOB | ☐ | | |
| OTHER: | ☐ | | | OTHER: Install rod pump | | | ☒ |

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.

Set 114 pumping unit. RU PU. Fish plunger. NU BOP. Tag PBTD @ 5934'. POOH w/ tbg. RIH w/ 2-3/8" prod. tbg. ND BOP. NU wellhead. RIH w/ 1-1/16" pump. Hung off & turned to test.

Test before: Dead
Test after: 25 BO, 130 MCF, 28 BW - 24 hrs.

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

SIGNATURE Thomas M. Price by Linda Alpen TITLE Adv. Eng. Tech. DATE 11/28/94

TYPE OR PRINT NAME Thomas M. Price TELEPHONE NO. 915/682-1626

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE DEC 01 1994

CONDITIONS OF APPROVAL, IF ANY:

DA Drinkard