

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" 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 Box 2409, Hobbs, New Mexico 88240	9. Well No. 7
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>35</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Wildcat Wantz Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3367 GL, 3378 KB	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 <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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Acid - Frac</u> <input checked="" type="checkbox"/>

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 May 11, a pulling unit was rigged up and pulled the tubing, rods and pump. A RBP was set at 7090' and a packer set at 6888'. On May 14, the Wantz Abo perforations (6903 - 7071) were treated with 10,000 gallons of 15% crosslinked HCl acid. This well is now being swab tested.

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

SIGNED Thomas F. Zapatka TITLE Production Engineer DATE May 14, 1984

ORIGINAL SIGNED BY EXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ DATE MAY 17 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAY 16 1984
O.C.D.
HOBBS OFFICE