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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. A-2614
7. Unit Agreement Name
8. Farmer Lease Name McDonald State A/C 2
9. Well No. 32
10. Field and Pool, or Wildcat Arrowhead (Drinkard)
12. County Lea

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. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-

2. Name of Operator
Marathon Oil Company

3. Address of Operator
P.O. Box 2409 Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER B 660 FEET FROM THE North LINE AND 1650 FEET FROM
THE East LINE, SECTION 13 TOWNSHIP 22S RANGE 36E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
G.L. 3460', K.B. 3471'

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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.

Marathon Oil Company proposes to perform the following operations:

1. Pull rods, pump, and tubing.
2. Run in hole with packer on 2 7/8" tubing.
3. Sand frac the Drinkard perms with 60,000 gals. of VERSAGEL 1400 in two stages using 20/40 sand as proppant.
4. Test the Drinkard zone and the return to production.

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

SIGNED C. C. Sautter TITLE Operations Superintendent DATE 3-23-81

APPROVED BY _____ DATE MAR 25 1981

CONDITIONS OF APPROVAL, IF ANY: