# DUST SUPLATION	Form C-103
DISTRIBUTION 5-ANTA FE NEW MEYICO OF COMMERCED AND COMME	Supersedes Old C-102 and C-103
NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
L.S.G.S.	
LAND OFFICE	Sc. Indicate Type of Lease State X Fee
CPERATOR	State (X) Fee 5. State Oil & Gas Lease No.
	A-2614
SUNDRY NOTICES AND REPORTS ON WELLS	
SUNDRY NOTICES AND REPORTS ON WELLS USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	
DIL X GAS OTHER-	7. Unit Agreement Name
2. Name of Operator	8. Farm or Least Name
Marathon Oil Company	McDonald State A/C 2
P. O. Box 2409, Hobbs, New Mexico 88240	9. Well No.
4. Location of Weil	10. Field and Pool, or Wildon
UNIT SETTER C 660 FEET FROM THE NORTH LINE AND 2310 FE	Drinkard
1	ET FROM
T-E West LINE, SECTION 13 TOWNSHIP 22-S RANGE 36E	_ NMPM. ()
15. Elevation (Show whether DF, RT, GR, etc.)	
G.L. 3487.1'	Lea
Check Appropriate Box To Indicate Nature of Notice, Report	
	or Other Data QUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON PEMEDIAL WORK	ALTERING CASING
POIL OF ALTER CASING CHANGE PLANS CASING TEST AND CEMENT 198	PLUG AND ABANDONMENT
OTHER	L
CT-E =	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, in Lork) SEE RULE 1703.	of the continue of the continue of
Lorey Sie ROLE 1703.	ertaing estimated care of starting any propose
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1. Drilled 11" hole to 1320'	
2. Ran and set 8 5/8", 24#, K-55 casing to 1320'.	
3. Cemented surface casing with 270 sacks Halliburton Light followed with 300 sacks	
Class "C" with 2% CaCl ₂ . Bumped plug with 1000 psi at 10:00	P.M., 1-3-81.
4. WOC 12 hours. Cut off casing and installed National wellhea	d.
 Installed blowout equipment. Pressure tested blowout equipment. Held OK. 	ent to 3000 psi.
6. Drilled out float collar and guide shoe and commenced drilli	ng 7 7/8" hole.
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15.1 herrory confify that the immunation above is true and complete to the best of my knowledge and belief.	A
C.C. Southeld	
Operations Superinten	dent January 8, 1981
Jerry Saxton	
ADDOUGH BY Diel in Hugh	

CONDITIONS OF APPROVAL, IF ANY: