

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.
30-025-31163

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
A-2614

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

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

McDonald State A/C 1

2. Name of Operator
Marathon Oil Company

8. Well No.
37

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

9. Pool name or Wildcat
S.Eunice (Seven Rivers Queen)

4. Well Location
Unit Letter K : 2620 Feet From The South Line and 1330 Feet From The West Line

Section 16 Township 22-S Range 36-E NMPM Lea County

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

3549' GR

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 ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Complete water injector well in ☒
Seven Rivers Queen Formation

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.

Marathon Oil Company initiated operations on 9/20/91 to complete water injector well in the Seven Rivers Queen formation.

9/20/91 - Install & test safety anchors. RU pulling unit. NU 6" 900# Series triple manual BOP. RIH w/4 3/4" bit and 5-1/2" csg scraper on 2-7/8" J-55 tbg. Tagged @ 3897'. Reverse circulate hole w/2% KCl water. Test 2-7/8" rams & csg to 1000 psi. LD 1 jt 2 7/8" tbg. Pick up 2-3/8" sub. Test 2 3/8" rams to 1000 psi. Bleed off psi. SDFN.

(Continued on Page Two)

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

SIGNATURE Carl A. Bagwell TITLE Engineering Technician DATE 11/19/91

TYPE OR PRINT NAME Carl A. Bagwell TELEPHONE NO. 915/687-8329

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: