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CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89 District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-025-34203 Santa Fe, NM 87505 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE 🗌 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Hansen State 1. Type of Well: WELL X WELL OTHER 2. Name of Operator 8. Well No. Marathon Oil Company 8 3. Address of Operator 9. Pool name or Wildcat P.O. Box 2409 Hobbs, NM 88240 SE Monument Abo 4. Well Location Unit Letter 1650 North Feet From The 1890 Line and Feet From The East Line 16 Section Township **20S** Rang 37E **NMPM** Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL 3354° KB 3367" 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: New Well Completion 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 011 has completed the above referenced well in the SE Monument Abo pool. 1/3 MIRU pulling unit. NU BOPE. RIH & drill to 7675'. Circ hole clean. Pickle tbg w/750 gals 15% acid. PUH to 7250'. Spot 200 gals 15% across interval 7057-7250'. 1/6 Perforate SE Monument Abo from 7057-68, 7074-77: 7090-7103', 7130-50', 7151-70', 7171-75', 7190-7203', 7214-29', 7237-7258', w/2 JSPF, 120 deg phasing. RIH & set pkr at 7003'. ND BOP. NU wellhead. Swab well. 1/8 Acidize 7057-7258' w/6700 gals acid. Swab well. Hook up to testing equipment. 1/10 RD pulling unit. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Records Processor 1/20/98 DATE 87 34 TYPE OR PRINT NAME Kelly Cook TELEPHONE NO. <u>393-7106</u> (This space for State Use) AGEL STENDED BY CHERS WILLIAMS [] DISTRICT I SUPERVISOR EB U5 1598

TITLE

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DATE