Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office			Revised 1-1-89
DISTRICT I	OIL CONSERVA	TION DIVISION	
P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II	2040 Pac	heco St.	WELL API NO.
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, 1	NM 87505	30-025-34286 5. Indicate Type of Lease
DISTRICT III			STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTI	CES AND REPORTS ON V	VELLS	
(DO NOT USE THIS FORM FOR PRO	POSALS TO DRILL OR TO DEFI	PEN OR PLUG BACK TO A	
טוררבתבוזו תבסבא	VOIR. USE "APPLICATION FOR 101) FOR SUCH PROPOSALS.)	PFRMIT"	7. Lease Name or Unit Agreement Name
1. Type of Well:	, , , , , , , , , , , , , , , , , , , ,		Hansen State
WELL GAS WELL	OTHER		
2. Name of Operator			8. Well No.
Marathon 011 Company			q
3. Address of Operator			9. Pool name or Wildcat
P.O. Box 2409 Hobbs, NM 882	<u>'40</u>		Monument: Abo. SE
Unit Letter H :2190	Feet From The Nort	thLine and 46	60 Feet From The Fast
		Line and	DU Feet From The East Line
Section 16	Township 20-S	Range 37-E	NMPM Lea County
		hether DF, RKB, RT, GR, etc GL 3544' KB 3557'	E.)
11. Check Apr	ropriete Roy to India	GL 3544' KB 3557'	
NOTICE OF IN	TENTION TO.		Report, or Other Data
		SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	¬	
PULL OR ALTER CASING	OTANGET EARS	COMMENCE DRILLING	
DEE ON ALTER CASING		CASING TEST AND CE	MENT JOB
OTHER:		OTHER: New Well (Completion
12. Describe Proposed or Completed Opera	tions (Clearly state all		
work) SEE RULE 1103.	tons (Creatly state an perunent	uctaus, and give pertinent date	es, including estimated date of starting any proposed
Initial name 4407400			
Initial report 4/27/98.			
4/18-4/30/98 Flow test we	all Dbm c+411 a+ 7000		
4/30 Acidize Abo 7061-729	55' w/9000 gals 15y gal	lod moid 2/250 Dc sol	lowed by 2000 gals 15% acid.
5/1 Swab well. Flow test	: well.	160 acid 2/250 b5 T01	lowed by 2000 gals 15% acid.
5/6 RIH rel pkr at 7000'	. RIH w/2 7/8" product	ion tha. ND BOP. NII w	ellhead
5/7 RIH w/pump & rods. F	D PU.		c i meag.
I hereby certify that the information above is true	and complete to the best of my knowle	edge and belief.	
SIGNATURE SIGNATURE (COR)	,	ITILE Records Processo	_
, J		MECUIUS PROCESSO	DATE 5/7/98
TYPE OR PRINT NAME Kelly Cook			TELEPHONE NO. 393-7106
(This space for State Use)			333-7100
State of the state	· SOMED PY		MAV 10 4000
APPROVED BY	The State of the Control of the Cont	TOTAL IN	MAY 13 1998
CONDITIONS OF APPROVAL IS ANY.		TILE	DATE