

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEEN UP PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Marathon Oil Company	8. Field or Lease Name L. G. Warlick "C"
3. Address of Operator P.O. Box 2409 Hobbs, NM 88240	9. Well No. 3
4. Location of Well UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>15</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> NMPL.	10. Field and Pool, or Wildcat Drinkard
11. Elevation (Show whether DF, RT, GR, etc.) GL 3411', KB 3422'	12. County Lea

16. 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 ☐	OTHER <u>Recomplete to Tubb</u> ☒	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

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. Run GR/CCL Log from 6300' to 4300'.
2. Perforate the Tubb Gas Zone from 6040' - 6222' (Total of 66 holes).
3. Acid frac the Tubb Zone with 20,000 gal. CRA-35 acid, 12,000 gal. pad, and 8000 gal. treated 2% KCl water.
4. Swab and test Tubb Zone.

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

SIGNED A. C. Southey TITLE Operations Superintendent DATE June 3, 1981

APPROVED BY [Signature] TITLE [Signature] DATE June 3, 1981

CONDITIONS OF APPROVAL, IF ANY: