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LAND OFFICE		
OPERATOR		



Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
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7. Unit Agreement Name	
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8. Farm or Lease Name	
L. G. Warlick "C"	
9. Well No.	
6	
10. Field and Pool, or Wildcat	
Brunson	
12. County	
Lea	

**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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Marathon Oil Company
3. Address of Operator P. O. Box 220, Hobbs, New Mexico
4. Location of Well UNIT LETTER <u>J</u> , <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>2140</u> FEET FROM THE <u>East</u> LINE, SECTION <u>15</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) DF 3430'

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

TD 7847'. Set CIBP in 5½" casing at approximately 7650' to seal off present Brunson open hole section (7700-7847'). Dump 2 sxs of cement on top of bridge plug. Selectively perforate porous sections indicated on Gamma-Ray/Neutron log with one JSPF. Treat Drinkard perms. w/1000 gals. of 15% HCL Spearhead Acid followed by 10,000 gals. of refined oil containing 1#/gal. 20-40 mesh frac sand and 1/20# gal. Adomite.

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

SIGNED [Signature] TITLE Area Supt. DATE 11-4-66

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: