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NEW MEXICO OIL CONSERVATION COMMISSION
 JUL 28 11 47 AM '67

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. - - -
7. Unit Agreement Name - - -
8. Farm or Lease Name L. G. Warlick "C"
9. Well No. 8
10. Field and Pool, or Wildcat Blinebry Oil
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 88240
4. Location of Well UNIT LETTER <u>I</u> , <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>990</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 3426'

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	Well shut in <input checked="" 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 1703.

Well shut in effective 7-1-67. No pipe line connection.

cc: CoPL; LHS; BGH; File

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

SIGNED <u>[Signature]</u>	TITLE <u>Area Supt.</u>	DATE <u>7-25-67</u>
APPROVED BY <u>[Signature]</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

New Well

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

August 10, 1960

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

The Ohio Oil Company

L. G. Warlick "C"

Well No. 8, in Ne 1/4 SE 1/4,

(Company or Operator)

(Lease)

I

Sec. 15

T. 21 S.

R. 37 E.

NMPM.,

Blaine Oil

Pool

Unit Letter

Lea

County. Date Spudded.

Date Drilling Completed

Please indicate location:

Elevation 3426' D.F. Total Depth 7626' PBD 7492'

Top Oil/Gas Pay 5750 Name of Prod. Form. Blaine

PRODUCING INTERVAL -

Perforations 5750', 5764', 5775', & 5798'

Open Hole _____ Depth _____ Casing Shoe 7570 Depth _____ Tubing 5708'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 99.37 bbls. oil, 0 bbls water in 12 hrs, 0 min. Size 13/64"

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 gal. Spearhead acid, 30,000 gal. frac oil & 44,000# sand

Casing _____ Tubing _____ Date first new _____
Press. 10# Press. 560 oil run to tanks 8-8-60

Oil Transporter Shell Pipe Line Corporation

Gas Transporter Skelly Oil Company

EFFECTIVE JANUARY 31, 1977,

SKELLY OIL COMPANY MERGED

INTO GETTY OIL COMPANY.

Remarks:

Well plugged back from Brunson Pool & recompleted as oil well in Brinebry Oil Pool.

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

Approved _____, 19____

THE OHIO OIL COMPANY

(Company or Operator)

Original Signed By

By: D. E. MORRIS

(Signature)

Title Asst. Superintendent

Send Communications regarding well to:

Name The Ohio Oil Company

Address Box 2107, Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title _____

Dists:

N.M.O.C.M.

Mr. J. A. Grimes

Mr. L. M. Shearer

Mr. D. V. Hitley

Mr. T. A. Steele

Mr. T. O. Webb

Mr. J. M. Bailey