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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE O. C. C.

MAR 8 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.	
991	

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Marathon Oil Company		L. G. Warlick "C"
3. Address of Operator		9. Well No.
P. O. Box 220, Hobbs, New Mexico		9
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>P</u> <u>990</u> FEET FROM THE <u>East</u> LINE AND <u>990</u> FEET FROM		Blinebry Gas
THE <u>South</u> LINE, SECTION <u>15</u> TOWNSHIP <u>21 S</u> RANGE <u>37 E</u> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
DF 3424'		Lea

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"/>	OTHER <u>Well shut in</u> <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 1103.

Well continues to be shut in. Was shut in 7-1-66. No pipeline connection.

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 3-1-67

APPROVED BY [Signature] TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

Dist: CoPL; JHH; LHS; File