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NEW MEXICO OIL CONSERVATION COMMISSION

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

AUG 15 8 05 AM '66

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

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER Reclassify ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Well has been reclassified as a Blinebry Gas well as per New Mexico Oil
Conservation Commission letter dated June 9, 1966.

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

SIGNED J. R. B. 1574

TITLE Acting Area Supt.

DATE 8-11-66

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: