COPIES RECEIVED			•		F.am C-103			
NOTRIBUTION						Supersedes Old C-102 and C-103		
TAFE	NEW MEX	NEW MEXICO OIL CONSERVATION COMMISSION				C-102 and C-103 Effective 1-1-65		
E								
.G.S.				,	5a. Indicate Ty	pe of Lease		
ND OFFICE			•		State	Fee. X		
ERATOR					5. State Oil &	Gas Lease No.		
						-		
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.)								
OIL X GAS WELL	OTHER•				7. Unit Agreem	ent Name		
2. Name of Operator						se Name		
Marathon Oil Company						L. G. Warlick "C"		
3. Address of Operator P. (0. Box 220, Hobbs	s, New Mex	ico	88240	9. Well No.	10		
4. Location of Well		<u> </u>			10. Field and I	Pool, or Wildcat		
UNIT LETTER J	1725 FEET FROM T	South	LINE AND	149 FEET FROM	Hare-Si	mpson		
Fost	TOV 15	215		275				
THELINE, SE	CTION TOV	VNSHIPZIO	RANGE	J/E NMPM.				
	15. Elevation	n (Show whether	DF, RT, GR, etc.	.)	12. County	, ////////////////////////////////////		
		DF 3435		,	Lea			
16.	7777777			n ^.	<u> </u>			
	ck Appropriate Box T	o Indicate N	lature of Noti	=				
NOTICE OF	INTENTION TO:			SUBSEQUENT	REPORT OF	F:		
[]						ر— ا		
PERFORM REMEDIAL WORK	PLUG A	ND ABANDON	REMEDIAL WORK		ALT	ERING CASING		
TEMPORARILY ABANDON		[<u>-</u>	COMMENCE DRIL	} === 1	PLUC	AND ABANDONMENT		
PULL OR ALTER CASING	CHANGE	E PLANS	CASING TEST AN	CEMENT JOB		·		
Recompletion	in Blinebry Oil		OTHER					
OTHER RECOMPLECTOR	In Billiebly Oli	X						
17. Describe Proposed or Completes	d Operations (Clearly state	all pertinent det	ails, and give per	inent dates, including	estimated date of	f starting any proposed		
work) SEE RULE 1103.								
Plan to	oot bridge plus	aha			(001)	•		
Hama Cimpson O	set bridge plug	above pres	ent periora	ations (/444-/	609) in t	he -		
5700-6000'.	il Pool and repe	riorate in	the Bline	ory Ull Pool a	t approxim	ately		
3700-8000 .								
				•				
						*		
Dist.: CoPL; LHS; B	CH· File							
Disc corn, mo, n	on, 1110							
18. I hereby certify that the informa-	tion above is true and comp	olete to the best (of my knowledge a	nd belief.				
		action						
SIGNED TOR W. Young	ia	acting	Area Supt.		. DATE 1	1-7-67		
					· · · · · · · · · · · · · · · · · · ·			
APPROVED BY					DATE	* 1. *		
CONDITIONS OF APPROVAL, IF A	A NY							
CONDITIONS OF APPROVAL, IF A	1111							