

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88240

DISTRICT II
811 S. 1st Street, Artesia, NM 88210-2834

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-09022
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	A-2614
7. Lease Name or Unit Agreement Name	S. Eunice (7RQ) Unit Same
8. Well No.	421
9. Pool name or Wildcat	S. Eunice (7RQ)
4. Well Location	Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>25</u> Township <u>22S</u> Range <u>36E</u> NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	DF 3471'; GI 3461'

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. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER Water Injection

2. Name of Operator
Marathon Oil Company

3. Address of Operator
P.O. Box 2409, Hobbs, NM 88240

4. Well Location
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line
Section 25 Township 22S Range 36E NMPM Lea County

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Repair casing leak</u> <input type="checkbox"/>

12. 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 failed a M.I.T. test in July, 1995.

A rig was moved on the well on 9/5/95 and the IPC injection tubing and packer was pulled. Hydro-tested tubing back in the hole, found no leaks.

Ran in the hole with a RBP & packer & isolated a leak between 621' & 654'.

Squeezed leak on 9/8/95 using 100 sx. class "C" w/ 2% CaCl2 per sack.

Drilled out on 9/12/95 & tested squeeze to 600 psig.

Re-ran 2-3/8" IPC inj. tubing & packer (set @ 3597') & obtained attached M.I.T. test chart.

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

SIGNATURE Mike Greenough TITLE Engineering Technician DATE 9/25/95

TYPE OR PRINT NAME Mike Greenough TELEPHONE NO. 505-393-7105

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT SUPERVISOR TITLE DATE OCT 03 1995

CONDITIONS OF APPROVAL, IF ANY:



