Submit 3 Copies

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103

to Appropriate District Office]	Energy, Minerals	and Natural Re	esources Department	l	Revised	1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088					WELL API NO. 30-025-09025		
DISTRICT II Santa Fe, New Mexico 87504-2088 Santa Fe, New Mexico 87504-2088					5. Indicate Type		FEE 🗆
DISTRICT III	NIN 07410				6. State Oil & G		FEE 🗀
1000 Rio Brazos Rd., Azto			A-2614		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		ES AND REPOR					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PEI (FORM C-101) FOR SUCH PROPOSALS.)				MIT"	7. Lease Name of S. EUNICE (or Unit Agreement Nar 7RO)UNIT	ne
1. Type of Well:			<u> </u>		S. EUNICE (•	
OIL WELL	GAS WELL	C	THER Water	Injection			
2. Name of Operator	nn.				8. Well No. 427		
Marathon Oil Compa 3. Address of Operator	any				9. Pool name or	Wildcat	
P.O. Box 2409, Hot	obs, NM 882	40			S. EUNICE (
4. Well Location Unit LetterC	1980	Feet From The	WEST	Line and	Feet Fro	om The NORTH	Line
Section	25	Township	22S Ran	nge 36E	NMPM	LEA	County
		10. Elevati	on (Show whether	r DF, RKB, RT, GR, e 3459'; GL 3449'	etc.)		
//////////////////////////////////////	//////////////////////////////////////	ropriate Roy		Nature of Notice	Report, or	Other Data	
		TENTION TO		I .		REPORT O	F:
PERFORM REMEDIAL WO	DBK []	PLUG AND ABA	NDON []	REMEDIAL WORK		ALTERING CASING	а [
				COMMENCE DRILLIN	IG OPNS	PLUG AND ABAND	_
TEMPORARILY ABANDO		CHANGE PLAN	با د			. EUG AND ADARE	
PULL OR ALTER CASING	i 📙		_	CASING TEST AND C		. 91.	<u></u>
OTHER:				OTHER: Repair t			
12. Describe Proposed or work) SEE RULE 1 Well failed a	103.				ates, including estim	ated date of starting	any pro pose d
hole				C injection tubi t due to externa			
						repraced one p	ucker / .
Pumped packer	fluid, rese	t packer @ 357 8	3' & obtaine	d attached M.I.T	. chart.		
I hereby certify that the info	ormation above is tr	ue and complete to the 1	est of my knowledg	ge and belief.			
SIGNATURE /////		,		LE Engineering T	echnician	DATE9/2	5/95
TYPE OR PRINT NAME M						TELEPHONE NO. 505	-393-7106
(This space for State Use)			ON				
APPROVED BY	u Testina			.E		DATE	03 1995



