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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-101
Effective 1-1-65

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
13989

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injector	7. Unit Agreement Name South Eunice (Seven Rivers, Queen) Unit
2. Name of Operator Marathon Oil Company	8. Form of Lease Name South Eunice (Seven Rivers, Queen)
3. Address of Operator P. O. Box 2409, Hobbs, New Mexico 88240	9. Well No. 702
4. Location of Well UNIT LETTER 0 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 35 TOWNSHIP 22S RANGE 36E NMPM.	10. Field and Pool, or Wildcat South Eunice (Seven Rivers, Queen)
11. Elevation (Show whether DF, RT, GR, etc.) KDB 3471'; GL 3461'	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐ CHANGE PLAYS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☒ Convert to Water Injector

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.

1. Installed BOP.
2. Pulled 2 3/8" tubing.
3. Ran internally coated 2 3/8" tubing with packer. Landed tubing string at 3575' with 2 3/8" X 5 1/2" packer at 3572'.
4. Nippled up wellhead.
5. Placed well in water injection service.

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

SIGNED M. J. Johnson TITLE Petroleum Engineer DATE December 4, 1975

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: