Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-09160 District_II **OIL CONSERVATION DIVISION** 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE **x** FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 A-2614 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) South Eunice Seven Rivers 1. Type of Well: Queen Unit Oil Well Gas Well G Other Injection 2. Name of Operator 8. Well No. 404 Marathon Oil Company 9. Pool name or Wildcat 3. Address of Operator South Eunice (SRO) PO Box 2490 Hobbs, NM 88240 4. Well Location 1980 2310 feet from the East feet from the line and Unit Letter ____ line Range **NMPM** County Township 22-S 36-E Section 35 Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3494' KB 3506' 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** COMMENCE DRILLING OPNS. **CHANGE PLANS PLUG AND** TEMPORARILY ABANDON **ABANDONMENT** CASING TEST AND **PULL OR ALTER CASING** MULTIPLE **CEMENT JOB** COMPLETION OTHER: Place well on PA list \mathbf{x} OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. Marathon Oil Company will bid this well out for plug and abandonment. The company awarded the bid will place this well on their plugging list which appears to be 6 months out. I hereby certify that the information above is true and complete to the best of my knowledge and belief. _DATE __ 11/29/01 SIGNATURE. Type or print name Kelly Cook Telephone No. 393-7106 (This space for State use) DATE APPROVED BY Conditions of approval, if any:

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