Submit 3 Copies To Appropriate District State of New Office Energy, Minerals and I				irces	Form C-103 Revised March 25, 1999				
1625 N. French Dr., Hobbs, NM 87240 District II 811 South First, Artesia, NM 87210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 87505	OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505			WELL API NO.         30-025-09177         5. Indicate Type of Lease         STATE         X         FEE         6. 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.) 1. Type of Well:					7. Lease Name or Unit Agreement Name: South Eunice (7RQ) Unit				
Oil Well Gas Well Other Water Injection 2. Name of Operator				8. Well No.					
Marathon Oil Company					414				
3. Address of Operator					9. Pool name or Wildcat				
PO Box 2490 Hobbs, NM 88240					Eunice, South (Seven Rivers Queen)				n)
4. Well Location									
Unit Letter0 :	330feet from the	Sou	ith 1	ine and	2310	_ feet from	ı th <del>e</del>	East	line
Section 36	Township 22		Range	36	NMPM		County	Lea	
	10. Elevation (Show wh	ether 1 3421 '	<i>DR, RKB</i> , KB 34		etc.)				
11. Check A	ppropriate Box to Ind				Report	or Other	Data		
					BSEQUENT REPORT OF:				
	PLUG AND ABANDON		REMEDI	AL WORK				r. NG CASING	•
	CHANGE PLANS		сомме	NCE DRILL	ING OPNS		PLUG A		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING CEMENT	TEST AND	)		ABAND	ONMENT	
OTHER:			OTHER:	Return t	o Injecti	on Status			X

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.

6/13 A MIT was performed on this well and witnessed by Buddy Hill (OCD Inspector). Marathon will start injecting water as soon as all surface lines and meters have been checked and are in working condition. We should start injecting water around June 21, 2001.

I hereby certify that the information above is true and co	mplete to the best of my knowledge and belief.			
SIGNATURE Keily (tok	TITLE Admin. Assistant	DATE	6/15/01	
Type or print name Kelly Cook		Telephone No.	393-7106	
(This space for State use)	Orig S			
APPROVED BY Conditions of approval, if any:	Orig S. Peal Miss TITLE Goologies	DATE 2 200		

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