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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: A-2614

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 [ ] GAS WELL [ ] OTHER- Injector

7. Unit Agreement Name: South Eunice (Seven Rivers, Queen) Unit

2. Name of Operator: Marathon Oil Company

8. Farm or Lease Name: South Eunice (Seven Rivers, Queen)

3. Address of Operator: P. O. Box 2409, Hobbs, New Mexico 88240

9. Well No.: 414

4. Location of Well: UNIT LETTER O, 2310 FEET FROM THE East LINE AND 330 FEET FROM THE South LINE, SECTION 36 TOWNSHIP 22S RANGE 36E NMPM.

10. Field and Pool, or Wildcat: South Eunice (Seven Rivers, Queen)

15. Elevation (*Show whether DF, RT, GR, etc.*): GL 3419'; KDB 3433'

12. County: Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Convert to Water Injector [X]	

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, gas-lift valves, and packer.
3. Ran internally coated 2 3/8" tubing with packer. Landed tubing string at 3614' with 2 3/8" X 5 1/2" packer at 3611'.
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 L Johnston TITLE Petroleum Engineer DATE December 4, 1975

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: