

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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 ☒ 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Marathon Oil Company	8. Farm or Lease Name St. McDonald A/C 1B
3. Address of Operator Box 220 Hobbs, New Mexico	9. Well No. 15
4. Location of Well UNIT LETTER J, 1650 FEET FROM THE South LINE AND 2310 FEET FROM THE east LINE, SECTION 36 TOWNSHIP 22S RANGE 36E NMPM.	10. Field and Pool, or Wildcat South Eunice
15. Elevation (Show whether DF, RT, GR, etc.) 3427' Gr	12. County Lea

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☒ Perforate and treat section in same producing zone

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.

The upper Queen section of this well was perforated in the 5¹/₂" casing from 3623-24'; 3632-33' with 4 JSPF and from 3641-42'; 3652-53' and 3668-69' with 2 JSPF. Formation was treated through these perforations with 1000 gallon 15% acid, followed by 10,000 gallons refined oil and 12,500# sand. Work commenced February 18, 1965 and completed February 19, 1965.

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

SIGNED Albert Muehlen TITLE Ass't Area Supt. DATE 3-9-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: