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# NEW MEXICO OIL CONSERVATION COMMISSION

SEP 23 11 20 AM '65

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Marathon Oil Company		8. Farm or Lease Name Walter Lynch
3. Address of Operator Box 220 Hobbs, New Mexico		9. Well No. 4
4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>north</u> LINE AND <u>585</u> FEET FROM THE <u>west</u> LINE, SECTION <u>1</u> TOWNSHIP <u>22 S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat Blinebry & Tubb Gas
15. Elevation (Show whether DF, RT, GR, etc.) 3358' GR		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 <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 1708.

Recent packer leakage test indicated communication between the Blinebry and Tubb gas zones. We plan to commence immediate remedial work to eliminate the condition.

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

SIGNED [Signature] TITLE Area Supt. DATE 9-22-65

APPROVED BY [Signature] TITLE  DATE   
CONDITIONS OF APPROVAL, IF ANY: