NO. OF COPIES RECEIVED	Form C-103
OISTRIBUT:ON	Supersedes Old C-102 and C-103
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE	5a. Indicate Type of Lease
U.S.G.S.	State Fee X
OPERATOR OPERATOR	5. State Cil & Cas Lease No.
OPERATOR	s. State on Q das Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO BRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT _" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL X GAS WELL OTHER-	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
Marathon Oil Company	J. W. Grizzell
3. Address of Operator	9. Well No.
P. O. Box 2409, Hobbs, New Mexico 88240	1
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER 0 660 FEET FROM THE SOUTH LINE AND 1980 FEET FROM	Drinkard-Blinebry
THE East LINE, SECTION 5 TOWNSHIP 22S RANGE 37E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
GL 3431', DF 3442'	Lea ()))
Check Appropriate Box To Indicate Nature of Notice, Report or Oth	er Data
NOTICE OF INTENTION TO: SUBSEQUENT	REPORT OF:
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.	ALTERING CASING
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
OTHER	
OTHER	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including	
work) SEE RULE 1103.	estimulea date of starting any proposed
Plan to set production packer above Drinkard zone. Perforate an of porosity in Blinebry. Test to evaluate Blinebry.	d stimulate intervals
Pur darmhala and mark to see 1 to 11 P15 1 Ot 17 to 1	
Run downhole equipment to complete well as a Blinebry Oil/Drinka	rd Gas dual.
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10. Thereby partity that the information phase is true and complete to the body in the control of the control o	
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief,	
1 With	
SIGNED . TITLE Operations Superintendent	DATE July 23, 1974
Orig. 3	
APPROVED BY TITLE SUPERIOR SUP	DATE
CONDITIONS OF APPROVAL, IF ANY:	DATE