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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE O.C.C.

JUN 2 8 31 AM '67

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. 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 J. W. Grizzell
3. Address of Operator P.O. Box 220, Hobbs, New Mexico 88240		9. Well No. 2
4. Location of Well UNIT LETTER J 1980' FEET FROM THE South LINE AND 1980' FEET FROM THE East LINE, SECTION 5 TOWNSHIP 22S RANGE 37E NMPM.		10. Field and Pool, or Wildcat Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) DF 3440'		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 type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER <input checked="" type="checkbox"/> Recomplete from Drinkard to Penrose Skelly	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 1103.

TD 6580'. Plan to set CIBP in the Drinkard zone and dump cement on plug. Plan to perforate Penrose Skelly zone and treat with 2000 gals. of 15% HCL acid.

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

SIGNED August A. Retana TITLE Area Supt. DATE May 25, 1967

APPROVED BY Joel A. Roney TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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