

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I

P.O. Box 1980, Hobbs NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-10219

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. 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. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Marathon Oil Company

8. Well No.

10

3. Address of Operator

P.O. Box 552, Midland, TX 79702

9. Pool name or Wildcat

DRINKARD: TUBB/DRINKARD

4. Well Location

Unit Letter D : 585 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 11

Township 22-S

Range 37E

NMPM LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR: 3370'

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: DHC #1017 ☒

12. 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.

7-7-94 MIRU PU. POOH W/RODS AND PUMP. NU BOP. TAGGED @ 6126'. DRILLED OUT CMT & CIBP.
C/O TO 6450'. POOH W/C/O STRING. ACIDIZED DRINKARD 6307-6450' W/4000 GALS 15% HCL. RIH W/2
3/8" PROD TBG. ND BOP. NU WH. INSTALL RODS & 1 1/4" PUMP.

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

SIGNATURE

Thomas M. Price

TITLE ADV. ENGIN. TECH.

DATE 8-4-94

TYPE OR PRINT NAME THOMAS M. PRICE

TELEPHONE NO. 915/682-16

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 18 1994