

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fed <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 ON TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT - II" (FORM C-101) FOR SUCH PROPOSALS.)

1. 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 J. L. Muncy
3. Address of Operator P.O. Box 2409 Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>East</u> LINE AND <u>660</u> FEET FROM THE <u>South</u> LINE, SECTION <u>24</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> N.M.P.M.	10. Field and Pool, or Wildcat Drinkard
11. Elevation (Show whether DF, RT, CR, etc.) 3333' KDB	12. County Lea

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 1103.

Well failed Packer Leakage Test. Intend to perform remedial work to correct the problem. The tubing and packer will be pulled, any defective equipment will be replaced.

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

SIGNED <u>C. R. Sothoff</u>	TITLE <u>Operations Superintendent</u>	DATE <u>6/29/81</u>
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u>JUL 1 1981</u>
CONDITIONS OF APPROVAL, IF ANY:		