

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

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 <input type="checkbox"/> WELL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> 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. L. Muncy
3. Address of Operator P. O. Box 2409 Hobbs, NM 88240	9. Well No. 2
4. Location of Well UNIT LETTER <u>K</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>24</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> N.M.P.M.	10. Field and Pool, or Wildcat Tubb
15. Elevation (Show whether DF, RT, GR, etc.) GR 3310	12. County Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER T&A the Tubb zone ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

This well is a dual Blinebry-Tubb gas well. The Tubb zone has been temporarily abandoned. A tubing plug was set in the profile nipple to shut off this zone. A sliding sleeve in the tubing was opened to produce the Blinebry zone. This was effective on August 15, 1984.

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

SIGNED Thomas F. Zapatka TITLE Production Engineer DATE 9-13-84

ORIGINAL SIGNATURE OF FIELD OFFICIAL
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 17 1984
CONDITIONS OF APPROVAL, IF ANY: