NO. OF COPIES RECEIVED		
DISTRIBUTION		
STATE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease: State [ ] Fee [X]

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 —" FOR SUCH PROPOSALS.)

7. Unit Agreement Name

1. OIL WELL [ ] GAS WELL [ ] OTHER- Gas/Gas Dual

8. Farm or Lease Name: J. L. Muncy

2. Name of Operator: Marathon Oil Company

9. Well No.: 2

3. Address of Operator: P. O. Box 2409, Hobbs, New Mexico 88240

10. Field and Pool, or Wildcat: Tubb/Blinebry

4. Location of Well: UNIT LETTER K, 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 24 TOWNSHIP 22S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): GL 3310'; RT 3320'

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 [X]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER [ ]	

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.

1. Pull 2 3/8" production string.
2. Run 2 7/8" work string.
3. Stimulate the Tubb gas zone.
4. Test Tubb zone.
5. Set retrievable bridge plug above the Tubb perforations.
6. Stimulate the Blinebry gas zone.
7. Test Blinebry zone.
8. Pull 2 7/8" work string.
9. Rerun 2 3/8" production string and place well back on production.

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

SIGNED William P Holmes TITLE Petroleum Engineer DATE October 14, 1976

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DIST.: RPS, JCH, FILE