Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources			Form C-103 Revised March 25, 1999						
District 1	Energy, winteruis and reacting recourt		WELL API	NO.			Ĩ		
1625 N. French Dr., Hobbs, NM 87240 District II	OUL CONSERVATION DIVISI			-025-20	0312				
811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISI 2040 South Pacheco	JIN	5. Indicate 7	ype of L	ease				
District_III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE 🕱 FEE 🗌							
District IV 2040 South Pacheco, Santa Fe, NM 87505		6. State Oil & Gas Lease No. A-2614							
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	7. Lease Name or Unit Agreement Name: South Famice Seven Rivers								
1. Type of Well:			Queen Unit						
Oil Well 🕱 Gas Well 🗌 Other			Queen unit						
2. Name of Operator			8. Well No.						
Marathon Oil Company			431						
3. Address of Operator			9. Pool name or Wildcat						
PO Box 2490 Hobbs, NM 88240			Bunice, South (SRQ)				_		
4. Well Location									
Unit LetterB:	660 feet from the North lin	e and	2310 fo	et from	the Ea s	st line	e		
Section 25	Township 225 Range	36B	NMPM		County	Lea			
10. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3440' KB 3450'									
11. Check A	ppropriate Box to Indicate Nature o	f Notice,	Report, or	Other I	Data				
NOTICE OF INTE		SUB	SEQUENT	REPO	DRT OF:				
		LWORK			ALTERING	CASING			
	CHANGE PLANS	CE DRILL	ING OPNS.		PLUG AND				
PULL OR ALTER CASING	MULTIPLE CASING T COMPLETION CEMENT	JOB							
OTHER: Place wall on PA list	X OTHER:	<u> </u>							
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.									
Marathon Oil Company will The company awarded the b	bid this well out for plug and aba id will place this well on their pl	ndonment ugging li	Lst						

which appears to be 6 months out.

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

SIGNATUREKelly Cook	TITLE Admin. Assistant	DATE	11/29/01
Type or print name Kelly Cook	ARABINE SIGNED	Telephone No.	393-7106
(This space for State use)	Control Providence and A	21.2	
APPROVED BY Conditions of approval, if any:	TITLE NATURAL SCIENCE	DATE	·