

HOBBS COUNTY
NEW MEXICO OIL CONSERVATION COMMISSION

FEB 15 11 51 AM '67

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5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. A-2614
7. Unit Agreement Name ---
8. Farm or Lease Name McDonald State A/C 1-B
9. Well No. 31
10. Field and Pool, or Wildcat South Eunice
12. County Lea

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Marathon Oil Company
3. Address of Operator P. O. Box 220, Hobbs, New Mexico
4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 2310 FEET FROM THE East LINE, SECTION 25 TOWNSHIP 22S RANGE 36E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) DF 3449'

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input 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 checked="" type="checkbox"/> Acidize

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.

TD 3800'. Treated well with 500 gal. of 5% HCL acid, 55 gal. of Che-plex and 19 bbls. of flush oil, max. pump press. 150#.

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

SIGNED Chapman TITLE Area Supt. DATE 2-9-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Dist.: CoPL; JHH; LHS; File