

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88240

DISTRICT II
811 S. 1st Street, Artesia, NM 88210-2834

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-25255

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. 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"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
LOU WORTHAN

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Marathon Oil Company

8. Well No.
14

3. Address of Operator
P.O. Box 552, Midland, TX 79702

9. Pool name or Wildcat
Drinkard/Tubb/Wantz GW

4. Well Location
Unit Letter A : 520 Feet From The NORTH Line and 330 Feet From The EAST Line

Section 11 Township 22-33-S Range 37-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR:3350

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒

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.

MIRU PU. POOH with rods and pump. NU BOP. POOH with tubing. Acidized 6224-6294 with mix of 15% HCL and Xylene 77 gallons per foot. Acidized 5788-5898 with acid xylene mix @ 100 gallons per foot. Used Pinpoint Injection Tool during acid stimulation. Installed 2 3/8" production tubing. ND BOP. NU wellhead. Installed rods and 1 1/2" pump. Hung well off and turned to test. RDMO PU.

Test Before: 0 BOPD, 59 MCFPD, 0 BWPD
Test After: 6 BOPD, 570 MCFPD, 3 BWPD

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

SIGNATURE Thomas M. Price TITLE Adv. Eng. Tech. DATE 06/02/95

TYPE OR PRINT NAME Thomas M. Price TELEPHONE NO. 915/687/8324

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 06 1995

RECEIVED

100 1895

JOHN HOBBS
OFFICE