

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
P.O. Drawer DD, Artesia, NM 88210

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.
30-025-25304

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.)

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

2. Name of Operator
Marathon Oil Company

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

4. Well Location
Unit Letter G : 1980 Feet From The NORTH Line and 1860 Feet From The EAST Line

Section 11

Township 22-S

Range 37-E

NMPM LEA

County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)

GL: 3345 KB:3357

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: DOWNHOLE COMMINGLE ☐

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.

MARATHON OIL CO IS SEEKING APPROVAL TO REMOVE THE DUAL COMPLETION EQUIPMENT FROM THIS WELL AND DOWNHOLE COMMINGLE THE PRODUCTION FROM THE DRINKARD AND WANTZ ABO. THE WELL BE PLACED ON A ROD PUMP AFTER REMOVAL OF THE PKR, KEEPING BOTTOM HOLE PRESSURE LOWERED AND INCREASING PRODUCTION. IT WILL ALSO PUMP OFF THE WATER WHICH HAS BEEN RESTRICTING DRINKARD PRODUCTION.

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

SIGNATURE Thomas M. Price TITLE ENG TECH DATE 4-21-94

TYPE OR PRINT NAME Thomas M. Price

TELEPHONE NO. 915-687-8324

(This space for State Use)

ORIGINAL FILED IN
DISTRICT SUPERVISOR

AUG 05 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: