Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

_ DATE _

District Office					
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			30-025-29343 5. Indicate Type of Leas		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lease	STATE X	FEE
			A-2614	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SUNDRY NOT	ICES AND REPORTS ON WELL	LS		<u>/////////////////////////////////////</u>	
DIFFERENT RESE	OPOSALS TO DRILL OR TO DEEPEN (RVOIR. USE "APPLICATION FOR PER 2-101) FOR SUCH PROPOSALS.)	MIT	7. Lease Name or Unit A	Agreement Name	
1. Type of Well: OL GAS WELL X WELL	OTHER		South Eunic	e (7RQ) U	nit
2. Name of Operator			8. Well No.		
Marathon Oil Company			439		
3. Address of Operator			9. Pool name or Wildcan		
P. O. Box 552, Midla	nd, TX 79702		South Eunice	: (/RQ)	
	Feet From The South	1: 2220	Ford From The	West	Line
Unit LetterN : _990	Peet From the _SOUTH	Line and _ 2220	real From the	West	Line
Section 36	Township 225 Ran	ı œ 36E	NMPM Lea		County
	10. Elevation (Show whether L	OF, RKB, RT, GR, etc.)	1//	7///////	
	3426' GL	3439' KB ·		<u>/////////</u>	
NOTICE OF IN	Appropriate Box to Indicate NTENTION TO:		deport, or Other Dail SEQUENT REPO		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTE	ERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLU	G AND ABAND	ONMENT [
PULL OR ALTER CASING CASING TEST AND C			EMENT JOB		_
THER: OTHER:					
12. Describe Proposed or Completed Oper	rations (Clearly state all pertinent details, and	d give pertinent dates, incl	uding estimated date of start	ing any proposed	
work) SEE RULE 1103.					
On 11/16/91 Maratho	n Oil Company initiated	operations to	workover SE (7R	(O) No. 43	.9
as follows:	Total company miretarea	operations to	WOLITOVEL DE (/)	27 1.0 10	
(See attachment)					
	<u> </u>				
I hereby certify that the unforthation above is to	the and complete to the best of my knowledge and i	belief.			_
SKINATURE KM () / 12	wew m	• Operations En	gineer	DATE 2/24/9	
Pod I	Proceens			9) 1 9. EELEPHONE NO .	915) 582-1626
TYPE OR FRONT NAME ROOL J.	Prosceno			ELEPTRONE INO.	02 1020
(This space for State Use)				MAF	R 0 3'92

- TITLE -

APPROVED BY -