

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.	30-025-30285
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name LOU WORTHAN	
8. Well No.	20
9. Pool name or Wildcat	WANTZ ABO/GRANITE WASH
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL: 3355'	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator Marathon Oil Company	
3. Address of Operator P.O. Box 2409, Hobbs, NM 88240	
4. Well Location Unit Letter <u>F</u> : <u>2310</u> Feet From The <u>NORTH</u> Line and <u>2000</u> Feet From The <u>WEST</u> Line Section <u>11</u> Township <u>22-S</u> Range <u>37-E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL: 3355'	

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: Shut-in GW & add pay to Abo ☒

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 has completed work on the above referenced well to shut-in the Granite Wash and add pay to the Wantz Abo. Please see attached for a summary of the work completed.

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

SIGNATURE Scott Hodges

TITLE Field Tech

DATE 11/20/96

TYPE OR PRINT NAME Scott Hodges

TELEPHONE NO. 505-393-7106

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 22 1996