

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 ☐

FEE ☒

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

**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 2409, Hobbs, NM 88240

4. Well Location

Unit Letter F : 2310 Feet From The NORTH Line and 2000 Feet From The WEST Line

Section 11 Township 22-S Range 37-E 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: ADD PAY TO ABO AND STIMULATE ☒

**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 PROPOSES TO INITIATE OPERATIONS TO ADD PAY AND STIMULATE THE ABO FORMATION IN THE ABOVE MENTIONED WELL. PLEASE SEE THE ATTACHED PROPOSAL OF THE WORK TO BE PERFORMED. OPERATIONS WILL COMMENCE ON OCTOBER 14, 1996.

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

SIGNATURE Scott Hodges

TITLE FIELD TECHNICIAN

DATE OCT. 8, 1996

TYPE OR PRINT NAME SCOTT HODGES

TELEPHONE NO. 505-393-7106

(This space for State Use)

APPROVED BY SCOTT HODGES

TITLE FIELD TECHNICIAN DATE OCT 11 1996

CONDITIONS OF APPROVAL, IF ANY: