NO. OF COPIES RECEIVED DISTRIBUTION	NEW MEXICO OF GO	NACEDIA TION COMMISSION	Form C-103 Supersedes Old C-102 and C-103
SANTA FE FILE	NEW MEXICO OIL CO	DISERVATION COMMISSION	Effective 1-1-65
U.S.G.S.	i		5a. Indicate Type of Lease
LAND OFFICE	·		State X Fee
OPERATOR			5. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (00 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. OIL X GAS WELL OTHER- 2. Name of Operator			7. Unit Agreement Name 8. Farm or Lease Name
Marathon Oil Company			McDonald State A/C 3 "
3. Address of Operator			9. Well No.
P.O. Box 2409 Hobbs, New Mexico 88240			1
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER K 1875 FEET FROM THE SOUTH LINE AND 1875 FEET FROM			Stateline Ellenburger
THE West LINE, SECTION	n 32 Township 23	SS RANGE 38E NM	PM.
	15. Elevation (Show whet	her DF, RT, GR, etc.)	12. County
	GL 3290'		Lea
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORATILY ABANDON	_	COMMENCE DRILLING DANS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT 103	,
	,	ОТНЕЯ	
OTHER			
17. 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.			
2-10-81 Circulated pump to surface. Hauled 1000 bbl. oil from McDonald A/C 2 lease to this well for power oil.			
2-11-81 Dropped dummy pump in hole to test tubing. Tubing held okay. Circulated dummy pump to surface.			
2-13-81 Dropped fluid pac pump. Started up Kobe Triplex pump.			
2-15-81 through 2-19-81. Well pumped 110 BO and 20 BW. Well produced all water after 2-19-81.			
3-11-81 Circulated Kobe pump out of hole. Pump was in good condition.			
3-17-81 Displaced hole $w/2%$ KCl water.			
Well is now shut-in awaiting future workovers.			
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18. I hereby certify that the information	shave is true and complete to the he	st of my knowledge and belief	
18. I hereby certify that the intermetalli	A A	st of my knowledge and better.	
SIGNED C.C. Sool	Keff TITLE_	Opr. Superintendent	
*:.			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
APPROVED BY	/ TITLE_		DATE
CONDITIONS OF APPROVAL, IF ANY: Expers 3/25/82			