

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN
Duplicate Form re-

Form approved.
Budget Bureau No. 42-R1424.

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. C029388 (C)	
2. NAME OF OPERATOR Marathon Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2409 Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter J, 1980 feet from the South Line and 1980 feet from the East line, Section 10, Township 18S. Range 31E NMPM		8. FARM OR LEASE NAME Federal Johnson "A"	
14. PERMIT NO. KB3728, DF3727		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT N. Shugart Yates Seven Rivers Queen Grayburg	
		11. SEC. T. R. M. OR BLM. AND SURVEY OR AREA Sec. 10, T18S, R31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Rigged up and ran tubing and set at 3859'. Ran rod pump and rods, started well pumping to a frac tank while recovering the frac load fluid.

RECEIVED
MAY 17 1983
ROSWELL, NEW MEXICO

18. I hereby certify that the foregoing is true and correct
SIGNED Steven A. Pohler TITLE Production Engineer DATE 5-16-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

AUG 10 1983

ROSWELL, NEW MEXICO