

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN
(Other Instru
-see slide)

LC-029388(d)
EXPIRES August 31, 1985

CKF

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 GAS WELL OTHER

2. NAME OF OPERATOR: Marathon Oil Company ✓

3. ADDRESS OF OPERATOR: P. O. Box 552, Midland, Texas ✓

4. LOCATION OF WELL (Report location clearly and in accordance with applicable State requirements. See also space 17 below.)
At surface
Unit C, 660' FNL and 1980' FWL

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR: 3735' KB: 3764.2'

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ARTESIA OFFICE

6. LEASE DESIGNATION AND SERIAL: LC-029388(d)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME: Johnson "B" Federal

9. WELL NO.: 3

10. FIELD AND POOL OR WILDCAT: Tamano - Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 11, T-18-S, R-31-E

12. COUNTY OR PARISH: 13. STATE: Eddy New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
<input type="checkbox"/> 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"/> SEPTIC TREAT	<input type="checkbox"/> MULTIPLE COMPLETION	<input type="checkbox"/> FRACTURE TREATMENT	<input type="checkbox"/> ALTERING CASING
<input type="checkbox"/> SHOOTING 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 LEASE	<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:			

NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.

17. DESCRIBE DRILLING OR COMPLETION 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.) *

4-1-87 POOH w/ rods and pump. Unable to pull tubing.

4-2-87 Pumped 140 BW down tubing attempting to free tubing. Ran free point. Tubing stuck at mud joint. RIH w/ 1-11/16" chemical cutter. Cut tubing at 8624'. POH w/ 2-3/8" tubing.

4-3-87 RIH w/ 4-5/8" wash over shoe. Wash pipe on 2-3/8" tubing.

4-4-87 Washed over fish. POH w/ no recovery. RIH w/ wash tools.

4-5-87 POH w/ fish. Recovered 31' mud joint and 4' perforated sub.

4-6-87 RIH w/ 5 1/2" RBP and pkr. on 2-7/8" tubing. Set RBP at 6050' and pkr. at 5900'. Tested DV Tool to 3500 psi - okay. Reset RBP @ 8215' and pkr. at 8090'. Test RBP to 1500 psi. POH w/ pkr.

4-7-87 Perforated Bone Springs at 8118', 39', 55', 69', and 80' w/ 1 JSPF (5 holes). Acidized perms 8118'-80' w/ 1000 gals. 15% NEFE.

4-8-87 Reset RBP at 8521'. Tested to 1500 psi. Fracture treated Bone Springs 8118'-8507' w/ 78,000 gals. gelled water w/110 tons CO₂ and 55,000# sand.

4-9-87 Flowed back well.

4-10-87 RIH w/ sinker bar on wireline. Tagged at 8517'.

4-11-87 Fracture treated Bone Springs perms 8118'-8507' w/ 78,000 gals. gelled water, 110 tons of CO₂ carrying 202,000 lbs. 20/40 mesh sand down 5-1/2" casing.

Currently testing well.

18. I hereby certify that the foregoing is true and correct

SIGNED: Eve M. Pugh TITLE: Engineer DATE: April 13, 1987

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD
APR 16 1987
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*See Instructions on Reverse Side