

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

1 S.  
Artesia, NM

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
Marathon Oil Company

3. Address and Telephone No.  
P.O. Box 552 Midland, TX 79702 915/687-8449

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
UL "L" 1980' FSL & 760' FWL  
SECTION 12, T-21-S, R-23-E

5. Lease Designation and Serial No.  
NM-81677

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation  
COMM #NM-91035

8. Well Name and No.  
BONE FLATS "12"  
FED. COM. #3

9. API Well No.  
30-015-28529

10. Field and Pool, or exploratory Area  
SOUTH DAGGER DRAW UPPER PENN  
ASSOCIATED

11. County or Parish, State  
EDDY NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other ACIDIZE LATERALS

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

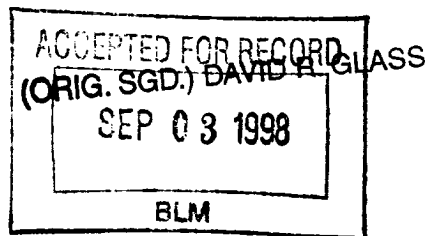
☐ Conversion to Injection

☐ Dispose Water

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

13. 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.)\*

SEE ATTACHMENT



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

Signed Jimmy L. Lark Title Engineer Technician Date 8/28/98

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: