

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. 311 S. 1st S  
Artesia, NM

vision

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

210-2834

Lease Designation and Serial No.

NM-0238436

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

ROCKY HILLS SWD #1

9. API Well No.

30-015-30112

10. Field and Pool, or exploratory Area

DEVONIAN

11. County or Parish, State

EDDY

NM

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

915-682-1626

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

UL "O", 186' FSL & 1537' FEL  
SECTION 19, T-21-S, R-24-E

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

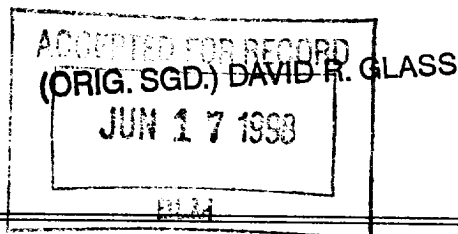
- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other ACIDIZE WELL  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(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.)\*

MARATHON OIL COMPANY acidized this well as follows:

MIRU pump company. Acidize well in 12 stages alternating 2500 gals. 15% HCl SGA and 1000 gals. 10# gelled brine. Shut-in well & monitor surface pressure. RD pump company. Total treatment volumes: 15,000 gals. 15% HCl SGA acid, 13,800 gals. 10 lb. gelled brine, and 15,000 lbs. of graded rock salt.



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

Signed Gunny Larke

Title Engineer Technician

Date 5/11/98

(This space for Federal or State office use)

Approved by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Conditions of approval, if any: \_\_\_\_\_