

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

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 ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR  
Marathon Oil Company

3. ADDRESS OF OPERATOR  
P. O. Box #97, McFadden, Wyoming 82080

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1040' FSL, 800' FWL, Section 28, T. 26N., R. 5W, N.M. P.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6478' KB. 6465' G.L.

5. LEASE DESIGNATION AND SERIAL NO.  
Tract 251 - Contract 00154

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Jicarilla Apache

9. WELL NO.  
11

10. FIELD AND POOL, OR WILDCAT  
Jicarilla-Apache

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 28, T. 26N., R. 5W

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) Dual complete	

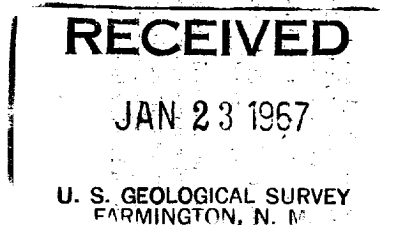
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)\*

We are requesting permission to dual complete this well in the Pictured Cliffs and Basin Dakota formations. A string of 7-5/8" O.D., 26.4 N-80 casing has been set at 3033' KB through the Pictured Cliffs and cemented to the surface. A 4 1/2" O.D., 11.6#, J-55 liner will be hung from approximately 2900' to total depth and cemented over its entirety. After perforating and stimulating the Basin Dakota productive intervals, a permanent production packer will be set above the Dakota perforated intervals. A bridge plug will then be set below the Pictured Cliffs. The indicated porosity will be perforated two holes per foot with jets and stimulated with approximately 3500 pounds of sand per foot of perforations. The Basin Dakota sand will be produced through a string of 2-3/8" O.D., EUE, tubing landed in the permanent type packer. The Pictured Cliffs sand will be produced through a parallel string of 2-3/8" O.D., EUE tubing landed at approximately 2800'.



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

SIGNED A. G. Sullivan  
(This space for Federal or State office use)

TITLE District Operations Manager DATE January 20, 1967

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_