

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

070 WASHINGTON, NM

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. TRACT 251 CONTRACT 154
2. Name of Operator Marathon Oil Company	6. If Indian, Allottee or Tribe Name JICARILLA APACHE
3. Address and Telephone No. P.O. Box 552 Midland, Tx. 79702 915/682-1626	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) UNIT LETTER M, 1190' FSL & 1190' FWL SECTION 33, T-26-N, R-5-W	8. Well Name and No. JICARILLA APACHE 13
	9. API Well No. 30-039-20008
	10. Field and Pool, or Exploratory Area
	11. County or Parish, State RIO ARriba CO, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>CORRECT API #</u>	<input type="checkbox"/> 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.)
THE STATE OF NEW MEXICO HAS NOTIFIED MARATHON THAT THIS WELL WAS ASSIGNED AN INCORRECT API#. THE OLD API WAS 30-039-08164. THE CORRECT API # IS SHOWN ABOVE. PLEASE CORRECT YOUR RECORDS TO REFLECT THIS CHANGE. Please ignore the previous notice of correction.

RECEIVED
AUG - 4 1994
OIL CON. DIV.
DIST. 3

RECEIVED
MAY 3 1994
OIL CON. DIV.
DIST. 3

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

Signed THOMAS M. PRICE Title ADV. ENGINEERING TECHNICIAN Date 05-26-94
(This space for Federal or State office use)
(ORIG. SGD.) DAVID R. SITZLER Acting Chief, Lands and Mineral Resources Date AUG 3 1994
Approved by _____ Title _____
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side