

SUNDRY NOTICES AND REPORTS ON WELLS

1. oil well ☐ gas well ☒ other ☐

2. NAME OF OPERATOR
Marathon Oil Company

3. ADDRESS OF OPERATOR
PO Box 2659, Casper WY 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1610' FSL & 880' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>

ABANDON (other) See below.

RECEIVED (NOTE: R&C)

NOV 07 1983

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

"Initial Delivery - 7-1-83"

No rates available because well loaded up and died thirty minutes after initial delivery. SITP was 1160 psi. The well is shut-in pending remedial work.

RECEIVED
NOV 16 1933
ON. OF. IN.
U.S.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Robert G. Cinger. TITLE Operations Manager DATE October 31, 1983
ACTING FOR D.E. JONES

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

~~ACCEPTED FOR RECORD~~

NOV 15 1983

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY Sim