

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-020500
2. NAME OF OPERATOR Marathon Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2659, Casper, WY 82602		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1,570' FSL & 1,660' FWL, Unit K		8. FARM OR LEASE NAME Ohio "A" Government
14. PERMIT NO. 30-045-24358		9. WELL NO. 2-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5,555' GL, 5,565' KB		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Section 23, T28N, R11W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Suspend Operations	

(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.)\*

Pump test completed; 3.3 BCPD, 60 MCFPD, 3.5 BWPD, 50 psi separator pressure. Well SI January 14, 1984.

It is requested this well be suspended for a period of six months. This will allow sufficient time to determine (1) the economic viability of installing the necessary equipment to enter the sales line or (2) recommend permanent abandonment.

This suspension request was discussed by phone between Mr. John Keller, BLM, Farmington, NM, and Walt West, MOC, Casper, WY, January 17, 1984.

*Approved until July 23, 1984*

RECEIVED

JAN 24 1984

UL CON. DIV.

DIST. 3

18. I hereby certify that the foregoing is true and correct  
SIGNED *[Signature]* TITLE District Operations Manager DATE January 17, 1984

(This space for Federal or State office use)

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

APPROVED  
DATE JAN 23 1984  
*[Signature]*  
AREA MANAGER  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Form approved 12/80  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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		12. COUNTY OR PARISH 13. STATE San Juan New Mexico

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NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Suspend Operations <input checked="" type="checkbox"/>	

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Approved until July 23, 1984

RECEIVED

FEB 27 1984

OIL CON. DIV.  
DIST. 3

Y60  
1/27/84

RECEIVED

JAN 25 1984  
CASPER DISTRICT  
OPERATIONS  
GOVERNMENT COMPLIANCE

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

SIGNED <i>[Signature]</i>	TITLE District Operations Manager	DATE January 17 1984
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APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

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

APPROVED  
JAN 23 1984  
*[Signature]*  
AREA MANAGER  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side  
OPERATOR