

NEW MEXICO OIL CONSERVATION COMMISSION

OCT 18 8 50 AM '65

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
 State Fee

5. State Oil & Gas Lease No.
A-1159

7. Unit Agreement Name
 --

8. Farm or Lease Name
St. Land Sec. 32-18-38

9. Well No.
5

10. Field and Pool, or Wildcat
Hobbs

12. County
Lea

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER

2. Name of Operator
Marathon Oil Company

3. Address of Operator
Box 220 Hobbs, New Mexico

4. Location of Well
 UNIT LETTER **0** **330** FEET FROM THE **south** LINE AND **2310'** FEET FROM THE **east** LINE, SECTION **32** TOWNSHIP **18S** RANGE **38E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3627' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Acidize <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

The San Andres zone in this well was treated with 2000 gallons 15% Unisol acid through 5 1/2" casing perforations from 4200-4230'.

CORRECTED REPORT: To correct State Oil and Gas Lease number on Form C-103 dated 9-27-65.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Area Supt DATE 10-15-65

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: