

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI
(Other instructio
verse side)ATE*
n reForm approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 06531-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Lea Unit

8. FARM OR LEASE NAME

Lea Unit

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Lea Devonian

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 11, T-20S, R-34E

14. PERMIT NO.

Current

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

DF 3676'

12. COUNTY OR PARISH

Lea

13. STATE

NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Produce well w/submersible pump ☒ X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

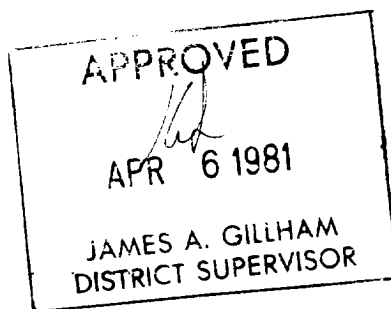
ABANDONMENT*

☐
☐
☐
☐(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.)*

Marathon Oil Company proposes to run an electric line to this well and produce the well with a submersible pump. The well is currently being produced by gas lift. There is a shortage of gas on this lease; hence the gas lift system will be replaced with a Reda pump.

The electric line will be approximately 600' long and will carry 12,000 volts. The line will require 3 poles.



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

SIGNED

C. C. Seal

TITLE Operations Superintendent

DATE 3-16-81

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE