

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instruction  
reverse side)

Budget Bureau No. 1004-  
Expires August 31, 1985  
LEASE DESIGNATION AND SERIAL

NM06531-A

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  GAS WELL  OTHER  
2. NAME OF OPERATOR  
Marathon Oil Company  
3. ADDRESS OF OPERATOR  
P.O. Box 552, Midland, Texas 79702  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

7. UNIT AGREEMENT NAME  
Lea Unit  
8. FARM OR LEASE NAME  
Lea Unit  
9. WELL NO.  
6  
10. FIELD AND POOL OR WILDCAT  
Lea - Devonian  
11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA

14. PERMIT NO. Not Available  
15. ELEVATIONS (SHOW WHETHER DE. RT. OR. ETC.)  
GR 3647'

12. COUNTY OR PARISH 13. STATE  
Lea N.M.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT OFF  
FRACTURE TREAT  
STOP OR ACIDIZE  
REPAIR WELL

PLUG OR ALTER CASING  
MULTIPLE COMPLETION  
ABANDON\*  
CHANGE PLAN

WATER SHUT OFF  
FRACTURE TREATMENT  
SHORTING OR A LIVING  
OTHER

REPAIRING WELL  
ALTERING CASING  
ABANDONMENT\*

Other: Recomplete in Bone Spring X

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Give pertinent permit 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 recomplete the Lea Unit Well No. 6, a shut-in Devonian oil well, to the Bone Spring formation. Marathon intends to initiate this work upon approval of form 3160-5.

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

SIGNED [Signature] -J. R. Jenkins TITLE Production Superintendent DATE 5/5/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 5-9-88  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side