

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instruction on re-  
verse side)

Form approved.  
Budget Bureau No. 42-711

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 220, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1980' from North line & 1980' from West line.

14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
Gr 3667'

5. LEASE DESIGNATION AND SERIAL NO.  
NM 02127-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Lea Unit

8. FARM OR LEASE NAME  
Lea Unit

9. WELL NO.  
2

10. FIELD AND POOL, OR WELL CAT  
Lea Devonian

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Sec. 12-20S-34E

12. COUNTY OR PARISH  
Lea

13. STATE  
New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Acidize

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.)\*

Treated Devonian formation with 3000 gallons

Spearhead acid with max. press. 900 psi.

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

SIGNED

*Chas. A. Seltzer*

TITLE

Area Supt.

DATE

May 25, 1967

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

JUN 5 1967

DISTRICT ENGINEER

DATE

\*See Instructions on Reverse Side

Dist: CoPL; JHH; LHS; Sinclair; Pure; J.L. Hamon; File