

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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.<br>NM-02127-B                       |
| 2. NAME OF OPERATOR<br>Marathon Oil Company   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                    |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 2409, Hobbs, New Mexico 88240   | 7. UNIT AGREEMENT NAME<br>Lea Unit                                      |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>810' FNL and 1980' FEL | 8. FARM OR LEASE NAME<br>Lea Unit                                       |
| 14. PERMIT NO.  | 9. WELL NO.<br>8  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>KDB 3693', GL 3674'   | 10. FIELD AND POOL, OR WINDCAT<br>Lea Unit Penn                         |
|   | 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA<br>Sec. 12, 20-S, 34-E |
|   | 12. COUNTY OR PARISH<br>Lea   |
|   | 13. STATE<br>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 checked="" 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 type="checkbox"/>             |   |

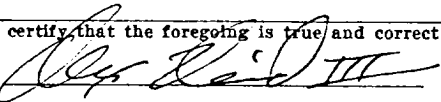
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) \*
1. Rigged up pulling unit, pulled tubing & packer (8/30/77).
  2. Ran gauge ring and junk basket to 12,850', ran 5 1/2" CIBP and set @ 12,800' (8/31/77).
  3. Spotted 75 sx. cement on top of CIBP, spotted 100 sx. cement plug from 10,300' to 9085'. (9/1/77).
  4. Ran free point and found casing free at 5825' (9/3/77).
  5. Shot and pulled 5810' of 5 1/2" casing (9/3/77).
  6. Spotted 150 sx. cement plug from 5815' to 5463' (9/8/77).
  7. Ran gauge ring and junk basket to 5445', set 9 5/8" CIBP @ 4680' and dump bailed 35' cement on top of CIBP (9/13/77).

\*Plan to recomplete in Capitan Reef as SWD well.

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

SIGNED



TITLE

Production Engineer

DATE

9/22/77

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

\*See Instructions on Reverse Side

