

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI
(Other instructions
reverse side)

DATE
in re

Form approved
Budget Bureau No. 47-1114

5. LEASE DESIGNATION AND SERIAL NO.

NM 02127-B

6. IF INDIAN, ALLEGED OR TRIBE NAME

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 Salt Water Disposal Well

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

1905' FSL and 810' FWL

7. UNIT AGREEMENT NAME

Lea Unit

8. FARM OR LEASE NAME

Lea Unit SWD

9. WELL NO.

1

10. FIELD AND POOL, OR WELL, AT

Lea Unit Area

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

Sec. 12-20S-34E

14. PERMIT NO.

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

DF 3665'

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)

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 sections pertinent to this work.)*

TD 4137'. Acidized well with 20 gal. X-Trol and 20 gal. OV-2530 mixed in 1000 gal. of brine. Shut well in over night. Back washed well to pit for 4½ hours recovering considerable amount of solids. Treated well with 1000 gal. of 15% acid. Back washed well for 3 hours recovering considerable solids. Prior to treatment well was taking 5343 bbl. per day by pump. After treatment well taking 5695 bbl. per day by gravity and 6976 bbl. per day when pumping.

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

SIGNED

C. H. Helms

TITLE

Area Supt.

DATE

12-22-69

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

DEC 20 1969

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side