

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HOBBS, NEW MEXICO 88240

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 ☐ GAS WELL ☒ OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-06531-A
2. NAME OF OPERATOR Marathon Oil Company		6. INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2409 Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME Lea Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1830' FEL		8. FARM OR LEASE NAME Lea Unit
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3646' GL	9. WELL NO. 6
		10. FIELD AND POOL OR WILDCAT Lea Bend
		11. SEC. T. R. M. OR RLE AND SURVEY OR AREA Sec. 11, T-20S, R-34E
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Casing Test ☐	
(Other) ☐		(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.)*

7-19-82 Pressure tested casing to 250 psi for 15 minutes. Lost no pressure
Test witnessed by J. E. Graham, Supervisory Technician, Minerals Management Service.

RECEIVED

JUL 29 1982

U.S. GEOLOGICAL SURVEY
HOBBS, N.M.

0 1362

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

SIGNED William D. Holmes

TITLE District Operations Engineer DATE 7/28/82

(This space for Federal or State Agency)

APPROVED BY PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:
MAR 13 1984

TITLE _____ DATE _____

RECEIVED
MAR 13 1984
C.C.D.
HOBBS OFFICE