Form 9-331
(May 1963)

UNITED STATES
DEPARTM   r OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP'ICATE*
(Other instructi   n re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-02127-B

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

— — — —

1.

OIL WELL [X]   GAS WELL [ ]   OTHER

7. UNIT AGREEMENT NAME

Lea Unit

2. NAME OF OPERATOR

Marathon Oil Company

8. FARM OR LEASE NAME

Lea Unit

3. ADDRESS OF OPERATOR

P.O. Box 2409, Hobbs, New Mexico 88240

9. WELL NO.

6

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

10. FIELD AND POOL, OR WILD CAT

Lea Penn Gas
Lea Devonian Oil

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

Sec. 11-20S-34E

14. PERMIT NO.

Current

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

DF 3666'

12. COUNTY OR PARISH | 13. STATE

Lea | New Mexico

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]

(Other) Aband. Penn zone & recomplete [x]

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
(Other) _____			

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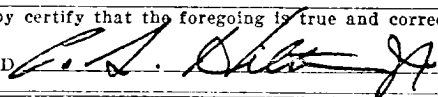Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of start of work
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.) *

Plan to abandon the Penn gas completion zone and return well to

production as a single Devonian oil producer.

Penn zone will be squeezed with cement

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

SIGNED _____   TITLE Area Superintendent   DATE 1-29-73

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side