

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>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 220, 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. See also space 17 below.)<br>At surface<br>1980 FSL and 660 FWL   |  | 8. FARM OR LEASE NAME<br>Lea Unit                                  |  |                       |  |  |   |   |   |   |  |   |  |   |                                   |  |                                       |                                      |                                       |                                  |  |   |
| 14. PERMIT NO.  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>DF 3674' | 9. WELL NO.<br>1   |  |                       |  |  |   |   |   |   |  |   |  |   |                                   |  |                                       |                                      |                                       |                                  |  |   |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data   |  | 10. FIELD AND POOL, OR WIPEREA<br>Lea Devonian<br>Lea Bone Springs |  |                       |  |  |   |   |   |   |  |   |  |   |                                   |  |                                       |                                      |                                       |                                  |  |   |
| <table border="0"> <tr> <th colspan="2">NOTICE OF INTENTION TO:</th> <th colspan="2">SUBSEQUENT REPORT OF:</th> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> <td></td> </tr> </table> |  | 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 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"/> |  | 11. SEC., T., B., M., OR BLM. AND SURVEY OR AREA<br>Sec. 12-20S-34E |
| 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 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"/>                                   |  |                       |  |  |   |   |   |   |  |   |  |   |                                   |  |                                       |                                      |                                       |                                  |  |   |
|   |  | 12. COUNTY OR PARISH<br>Lea New Mexico                             |  |                       |  |  |   |   |   |   |  |   |  |   |                                   |  |                                       |                                      |                                       |                                  |  |   |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.)\*

TD 14,735. PBTD 14,686'. Plan to run retrievable liner and pack off Bone Springs perforations 9480-10,176'. Run 3" tubing with Reda submersible pump. This installation, it is hoped, will permit us to produce the Devonian at a top allowable rate.

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

SIGNED [Signature] TITLE Acting Area Supt. DATE 7-31-67

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DISTRICT ENGINEER DATE 1967

CONDITIONS OF APPROVAL, IF ANY: