

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

COPY 1000  
SUBMIT IN TRIPPLIC. FE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-02127-B

6. IF INDIAN, ALLOTTEE 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

7. UNIT AGREEMENT NAME  
Lea Unit

2. NAME OF OPERATOR  
Marathon Oil Company

8. FARM OR LEASE NAME  
Lea Unit

3. ADDRESS OF OPERATOR  
Box 220 Hobbs, New Mexico

9. WELL NO.  
1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

10. FIELD AND POOL, OR WILDCAT  
Lea Bone Springs  
Lea Devonian

1980' FSL and 660' FWL

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

Sec 12, Twp 20S, Rge 34 E

14. PERMIT NO.  
—

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3674' DF

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF   
FRACTURE TREAT   
SHOOT OR ACIDIZE   
REPAIR WELL   
(Other)

PULL OR ALTER CASING   
MULTIPLE COMPLETE   
ABANDON\*   
CHANGE PLANS

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 zones pertinent to this work.)\*

Packer leakage test indicated communication between the Bone Springs and Devonian zones. Plan to commence immediate remedial work to eliminate communication.

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

SIGNED Albert Mechler, Jr. TITLE Ass't. Supt. DATE 1-19-65

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

APPROVED  
JAN 21 1965  
A. B. BROWN  
DISTRICT ENGINEER