SUNDRY NOTICES AND REPORTS ON WELL (Do not use this form for premote to defend "proposals.") (Due "APPLICATION FOR PERMIT—" for 1000 proposals.") (Due "A	UNITED STATES SUBMIT IN TRIPY (May 1963) DEPARTM. OF THE INTERIOR (Other instruction represented) GEOLOGICAL SURVEY.			
Other Security Past they foregoing in the supplement of the work. Feeling and in green and supplement of the work. Feeling of the supplement of the work of the work. Feeling of the supplement of the work of		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
Marathon 0:11 Company 3. ADDRESS OF OPERATOR P. O. Box 220, Hobbs, New Mexico 88240 4. December of Number of Numb	OIL GAS			
B. ADDRESS OF OFFERENCE P.O. BOX 220, Hobbs, New Mexico 88240 2 1. PROVIDE TO WHILE (Regist location clearly and in accordance with any State requirements.* 1980' FNL and 1980' FWL 1980' FRANCISC PROPTING AND	2. NAME OF OPERATOR			
### P.O. Box 220, Nobbs, New Mexico 88240 #### Sec also space 17 below) #### 1980' FNL and 1980' FWL #### 1980' FNL and 1980' FWL #### 1980' FNL and 1980' FWL ##### 1980' FNL and 1980' FWL ##### 1980' FNL and 1980' FWL ###################################				
See also space IT below.) At surface 1980' FNL and 1980' FWL 11. Sec. 12-20S-34E 14. FERNIT NO. 15. REVATIONS (Show whether or, st. os. etc.) 12. COCRIT OR PARISH, 15. NEW MEXIC 14. FERNIT NO. 15. REVATIONS (Show whether or, st. os. etc.) 12. COCRIT OR PARISH, 15. NEW MEXIC 14. FERNIT NO. 15. REVATIONS (Show whether or, st. os. etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date NOTICE OF INTERNITY OF PARISHON TO: **THAT WATER SHOT-OFF** **PACTURE TREAT** **SHOOT OR ACTIOISE** **REPAIR WELL** **CHANGE FLANS** **X** **COCKET OR PARISH OF WAITER SHOOT OF: **PACTURE TREAT** **REPORT OF TREATMENT** **ALTERING CASING** **REPORT OF TREATMENT** **ALTERING CASING**	P.O. Bo			
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** TEST WATER SHUT-OFF NOTICE OF INTENTION TO:** TRACTURE TREAT NOTICE OF INTENTION TO:** **ALTERING CASING NAMED FLANS NOTICE OF ACTION OF ACTORISM ALTERING CASING NOTICE REPORT TREATMENT ALTERING CASING NOTICE REPORT RESULTS OF AUXILIARY NOTICE OF ACTION OF ACTORISM PROPERTY OF ACTION OF ACTIO	See also space 17 below.) At surface	Lea Devonian 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHOT-OFF FRACTURE THRAT MULTIPLE COMPLETE FRACTURE THRATMENT SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS CH	14. PERMIT NO.	· ·		
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PRACTURE THEAT MULTIPLE COMPLETE AREADON* SHOOT OR ACIDIZE AREADON* (Other) (Other)	16. Check Ar			or Other Data
SHOOT OR ACIDIZE SHOOT OR ACIDIZE ABARDON* ABANDON SHAWS (Other) Acidize X CHANGE PLANS (Other) (Other) (Other) (Other) Acidize X CHANGE PLANS (Other) (Othe	·	•		_ **
Propose to treat Devonian zone with 1000 ga.s. Spearhead acid. Propose to treat Devonian zone with 1000 ga.s. Spearhead acid. Propose to treat Devonian zone with 1000 ga.s. Spearhead acid. 18. I hereby sertify that the foregoing is fine and correct SIGNED TITLE Area Supt. DATE APPROVED BY TITLE APPROVED BY TITLE DATE DATE	FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL	MULTIPLE COMPLETE ABANDON* CHANGE PLANS	FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report res	ALTERING CASING ABANDONMENT ⁴ ults of multiple completion on Well
SIGNED TITLE Area Supt. DATE April 28, 196 (This space for Federal or State office use) APPROVED BY TITLE	Propose to	treat Devonian zone w	with 1000 gals. Spe	Earhead acid. The surface of the sur
(This space for Federal or State office use) APPROVED BY TITLE		1-1	Area Supt.	DATE April 28, 1967
APPROVED BY TITLE				
	APPROVED BY	TITLE	All 3	PATE OF THE PATE O

*See Instructions on Reverse Side

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