

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

N. M. 1603 / / /

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

None

7. UNIT AGREEMENT NAME

Lea Unit

8. FARM OR LEASE NAME

Lea Unit

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Lea Devonian and Lea Bone Springs

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

Sec 12, Twp 20S, Rge 34E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Marathon Oil Company

3. ADDRESS OF OPERATOR

Box 220 Hobbs, New Mexico

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

1980' FSL and 1980' FEL of Section 12

14. PERMIT NO.

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

3665' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☒

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

Remedy communication ☒

(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.)*

Downhole equipment pulled from well and communication between the zones (Devonian and Bone Springs) remedied. The Devonian zone was treated with a total of 10,000 gallons 15% acid and 10,000 gallons 7½% acid with CO₂. The Bone Springs zone was treated with 10,000 gallons 7½% acid with CO₂. Work commenced March 24, 1965 and was completed May 20, 1965.

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

SIGNED

[Signature]

TITLE Area Superintendent

DATE 6-8-65

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

JUN 10 1965

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER