

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate\*  
(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.)

<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Marathon Oil Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 2409, Hobbs, New Mexico 88240</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  1980' FWL &amp; 660' FSL, Section 12</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM 02127-B</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME Lea Unit</p> <p>8. FARM OR LEASE NAME Lea Unit</p> <p>9. WELL NO. 7</p> <p>10. FIELD AND POOL, OR WIGWAG Lea Devonian</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T20S, R34E</p> <p>12. COUNTY OR PARISH Lea</p> <p>13. STATE New Mexico</p> <p>15. ELEVATIONS (Show whether DF, RT, CR, etc.) GR 3653.7'</p>
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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) <u>Deepen and Set Liner</u>	<input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(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.) \*

1. Deepened to 14,451' and ran Compensated Neutron log over open-hole section (7" casing @ 13,565').
2. Ran 4 1/2" flush joint Hydril liner and set at 13,381' to 14,540'.
3. Drilled out cement and cleaned out 4 1/2" liner to 14,500' (6-10-78).
4. Attempted to cement 4 1/2" liner with 215 sacks of Class "H" cement. Cementing tool failed, reversed out 215 sacks of cement. Cleaned out liner to 14,502' (6-12-78).
5. Ran Cement Bond log from 14,442' to 13,250'. Indicated no cement behind liner. Tested casing to 4000 psi, held OK.
6. Perforated at 14,497' (4 holes) and attempted to break down formation. Spotted acid over perms, could not break down formation. Perforated at 14,478-80' (4 holes), spotted acid and broke down perms (6-21-78).
7. Squeezed 50 sacks of Class "H" cement with .6% Halad, .25% CFR-2 below cement retainer set at 14,445', an estimated 38 sacks squeezed into formation. WOC 24 hours. Cleaned out to 14,498' (6-23-78). (CONTINUED ON ATTACHED SHEET)

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

SIGNED [Signature] TITLE Production Engineer DATE July 18, 1978

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

