

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.)

1. OIL WELL  GAS WELL  OTHER  TA Gas & Oil Dual

2. NAME OF OPERATOR  
Marathon Oil Company

3. ADDRESS OF OPERATOR  
P. O. Box 2409, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
  
1980' FWL & 660' FSL, Section 12

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
GR 3653.7'

5. LEASE DESIGNATION AND SERIAL NO.  
NM 02127-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Lea Unit

8. FARM OR LEASE NAME  
Lea Unit

9. WELL NO.  
7

10. FIELD AND FOOT OR LOCUS  
Lea Bone Springs, Penn Ga

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA  
Sec 12, T-20S, R-34E

12. COUNTY OR PARISH, STATE  
Lea 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 <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 COMPLETION <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"/>  | ABANDONING WELL <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>                             | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>  |  |
| (Other) Squeeze Perforations <input checked="" 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.)\*

- Rig up pulling unit.
- Pull dual tubing string and Model "K" packer.
- Set retrievable bridge plug below Bone Springs perfs (10,176-192').
- Spot 150 sacks Class "H" cement across perfs.
- Set RTTS tool above perfs.
- Squeeze Bone Springs perforations, WOC 24 hours, drill out cement and test to 1500 psi.
- Pull Model "D" packer.
- Spot 100 sacks Class "H" cement over Penn perfs (12,892-912', 13,102-108', 13,126-141').
- Set RTTS tool above Penn perfs.
- Squeeze Penn Gas zone perfs, WOC 24 hours, drill out cement and test to 1500 psi.

PLAN TO DEEPEN THIS WELL TO THE DEVONIAN (14,550').

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

SIGNED W. Keith TITLE Production Engineer DATE April 24, 1978

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

