

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instruction
verse 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.)

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 SWD

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Lea Unit Area

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

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

1. OIL WELL GAS WELL OTHER SALT WATER DISPOSAL WELL

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
1905' FSL and 810' FWL

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, CR, etc.)
DF 3665'

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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input 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.)*

3-1-71. Acidized well with 1000 gals. 15% HCL acid. Prior to acidizing well would take 5824 BW in 24 hrs. on pump. After acidizing well would take 7681 BW on pump in 24 hrs. or 6226 BW by gravity in 24 hrs.

3-24-71. Acidized well with 1000 gals. 15% HCL acid. Prior to acidizing well would take 6312 BW in 24 hrs. on pump. After acidizing well would take 8385 BW on pump in 24 hrs. or 6870 BW by gravity in 24 hrs.

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

SIGNED JW Youson TITLE Acting Area Supervisor DATE 4-20-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

RECORDED FOR RECORD

APR 22 1971 DATE

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

RECEIVED

APR 25 1971

OIL CONSERVATION BOARD
HOUSTON, TEXAS