

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
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.)

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, GR, etc.)
DF 3665'

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

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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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., E., M., OR BLK. AND SURVEY OR AREA
Sec. 12-20S-34E

12. COUNTY OR PARISH 13. 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 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"/>	
(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.)*

4-13-70

TD 4137'. Acidized well with 1000 gal. 15% HCL acid. Prior to acidizing well would only take 4544 bbls. water in 24 hrs. on pump. After acidizing well would take 6651 bbls. water in 24 hrs. on pump.

5-9-70

TD 4137'. Spotted 500 gals. of P-121 paraffin solvent across open hole section. Let solvent soak and back flowed well for 3 hrs. to clean up formation. Recovered some oil and paraffin. Placed well in disposal service. Prior to treatment 5431 bbls. of water was being injected, after treatment 5566 bbls. of water was being injected.

5-27-70

TD 4137'. Spotted 500 gals. of P-121 paraffin solvent across open hole section. Let solvent soak and back flowed well for 1½ hrs. Followed up treatment of well w/1000 gal. of 15% HCL acid. Prior to treatment well was taking 4858 bbls. water, after treatment was taking 6540 bbls. water in 24 hrs.

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

SIGNED E.A. White Jr. TITLE Area Supt. DATE 8-12-70

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

