

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instruction
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 02127-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

7. UNIT AGREEMENT NAME

Lea Unit

2. NAME OF OPERATOR
Marathon Oil Company

8. FARM OR LEASE NAME

Lea Unit SWD

3. ADDRESS OF OPERATOR
P.O. Box 220, Hobbs, New Mexico

9. WELL NO.

1

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

10. FIELD AND POOL, OR WILDCAT

Lea Unit Area

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

Sec. 12-20S-34E

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

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:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

3-1-69. TD 4137'. Acidized well with 500 gal. 15% HCL acid. Prior to acidizing, well would only take 5293 BW in 24 hrs. on pump. After acidizing, well would take 5695 BW in 24 hrs. by gravity.

4-25-69. TD 4137'. Acidized well through open hole section 3898' to 4137' with 1000 gal. 15% HCL acid. Following acid treatment well taking water on vacuum.

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

SIGNED

C. S. Hilton

TITLE

Area Supt.

DATE

4-29-69

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 5 1969

*See Instructions on Reverse Side

L. GORDON
ACTING DISTRICT ENGINEER