Form 9–331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9–331–C for such proposals.)

5. LEASE
Contract 154

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla Apache

1. oil well ☐   gas well ☐   other   Drilling

2. NAME OF OPERATOR
Marathon Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 2659, Casper, WY 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1,685' FSL & 1,685' FEL, Unit J
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

9. WELL NO.
12E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33, T26N, R5W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.
30-039-22590

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6,573' GL   6,586' KB

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

	REQUEST	SUBSEQUENT
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐

(other)   Spud

(NOTE: Report results of multiple completion or zone change on Form 9–330.)

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.)*

Progress Report

See Attachments

This well was spudded 9-29-81, at 3:45 p.m., confirmation was called in to Mr. Earl Becher, USLS 9-29-81 by Walt West of MOC.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _M E Krugh_   TITLE Drilling Supt.   DATE 9/30/81

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC