

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.)

1. oil ☐ well gas ☒ well other

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.) 1,570' FSL & 1,660' FWL Unit K
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

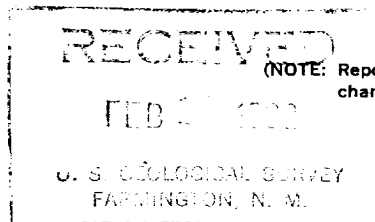
REQUEST FOR APPROVAL TO:

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

(other) Please see below

SUBSEQUENT REPORT OF:

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☐
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☐
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(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.)*

As per your letter of January 20, 1982, and our phone conversation of January 25, 1982 we request permission to temporarily abandon this well for a period of two to three months, so we may make a thorough reevaluation.

At present, the Dakota Sand is open in the well bore with 2-3/8" production tubing and no packer in the hole. A wellhead is on top. As per our phone conversation between Mr. Dean Elliott, MMS, and Walt West, MOC, we will lock the master tubing and casing valves shut and place any necessary seals during the temporary abandonment, rather than pull the tubing and set a bridge plug. No tubing plug is set.

Thank you for your time on this matter.

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

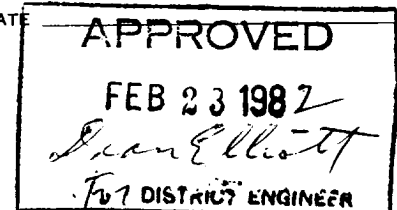
18. I hereby certify that the foregoing is true and correct District

SIGNED Bob Caddy TITLE Operations Manager DATE February 8, 1982

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____



*See Instructions on Reverse Side

NMOCC