

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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-020500  
3. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Ohio "A" Government  
9. WELL NO.  
2-E  
10. FIELD AND POOL, OR WILDCAT  
Basin Dakota  
11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Sec. 23, T28N, R11W  
12. COUNTY OR PARISH  
San Juan  
13. STATE  
New Mexico

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 and in accordance with any State requirements.\*  
See also space 17 below.)  
at surface  
1,570' FSL & 1,660' FWL, Unit K  
14. PERMIT NO.  
30-045-24358  
15. ELEVATIONS (Show whether OF, RT, GR, etc.)  
5,555' GL, 5,565' KB

RECEIVED  
JAN 09 1984

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) Workover

(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.)\*

As of this date, pump testing well.

RECEIVED  
JAN 10 1984  
OFFICE OF THE DISTRICT  
DIST. 3

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

SIGNED D. L. Jones

TITLE District Operations Manager

DATE January 5, 1984

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side