

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

Lease Designation and Serial No.

NM-020501

If Indian, Annette or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. Ohio "C" Government 26-2
2. Name of Operator Marathon Oil Company	9. API Well No. 30-045-28040
3. Address and Telephone No. P. O. Box 552, Midland, TX 79702 915/682-1626	10. Field and Pool, or Exploratory Area Basin Fruitland Coal
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter A, 1120' FNL & 1195' FEL Sec. 26, T-28-N, R-11-W	11. County or Parish, State San Juan, NM

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Set CIBP

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

On 7/25/92, Marathon Oil Company performed the following procedure:

1. MIRU PU. POOH w/2 3/8" tbq.
2. RU HLS. Set CIBP @ 1600'. RD HLS.
3. RU Western. Load hole with 2% HCl & Unichem ASP-539 corrosion inhibitor.
4. Pump 31.4 bbls. Hold 500 psig for 30 minutes. Held OK.
5. RD Western. RD PU.
6. Well is shut-in.

RECEIVED  
AUG 17 1992  
OIL CON. DIV.  
DIST. 3

RECEIVED  
BLM  
92 AUG -7 PM 12:53  
FARMINGTON, N.M.

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

Signed Rod J. Prosceno Title Operations Engineer

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_

DATE 12 1992

ACCEPTED FOR RECORD

FARMINGTON RESOURCE AREA

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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**SUBMIT IN TRIPLICATE**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Marathon Oil Company

3. Address and Telephone No.

PO Box 2409 Hobbs, NM 88240 (505) 393-7106

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1120 FNL & 1195' FEL  
Sec. 26, T-28-N, R-11-W

5. Lease Designation and Serial No.

NM-020501

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

N/A

8. Well Name and No.

Ohio "C" Gov't 26 No.

9. API Well No.

30-045-28040

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal

11. County or Parish, State

San Juan, New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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☐ Subsequent Report  
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TYPE OF ACTION

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(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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Marathon Oil Company respectfully requests permission to temporarily abandon the Ohio "C" Government 26 No. 2 as follows:

1. RIH w/wireline and dump 35 ft. of cement with dump bailer.
2. Pressure up to 500 psig on surface. Hold pressure for 30 minutes and record. Release pressure.

RECEIVED  
BLM  
92 OCT 15 AM 10:45  
019 FARMINGTON, N.M.

**RECEIVED**  
NOV 12 1992  
OIL CON. DIV.  
DIST. 3

THIS APPROVAL EXPIRES JAN 05 1994

TA

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

Signed S.P. Guidry Title Production Superintendent

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_  
Conditions of approval, if any:

MOCD

**APPROVED**  
Date 10/8/92  
NOV 05 1992  
AREA MANAGER