

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN 1  
(Other instru  
reverse side)

Form approved.  
Budget Bureau No. 1004-1  
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED AUG 09 '88 O. C. D. ARTESIA OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM 62182
2. NAME OF OPERATOR Marathon Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 552, Midland, TX 79702		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FNL & 835' FWL		8. FARM OR LEASE NAME North Park Federal
14. PERMIT NO. 30-005-62559	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3685' GL	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Coyote Queen
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T11S, R27E
		12. COUNTY OR PARISH Chaves
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Completion</u>	<input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>			

(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.)\*

2/4/88 - MIRU PU. Tagged bottom at 1054'. Ran GR-CBL-CCL from 1045'-100'. Perf'd Queen Sand at 744'-754', 765'-770', and 775'-778' w/2 SPF. Set RBP at 905'. Acidized w/2500 gals 15% HCl. Frac'd w/30,000 gals Purgel 30 & 70,000# 12/20 Sand.

3/28/88 - Potential Tested 2 BO, 1 BW and 14 MCFG in 24 hours. GOR = 7000.

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

SIGNED Allen S. Wilson

TITLE Operations Engineer

DATE 8/3/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side