

RECEIVED

Form 9-331  
Oct. 1979

Form Approved.  
Budget Bureau No. 42-R1424

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

MAR 2 '90

O. C. D.  
ARTESIA, OFFICE

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 Energy Corporation
3. ADDRESS OF OPERATOR  
P.O. Box 217, Artesia, N.M. 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below)  
AT SURFACE: 2290 FNL 330 FEL  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same

15. 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\* ☐

SUBSEQUENT REPORT OF:

- ☐  
☐  
☐  
☐  
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☒

(other) Change of operator

5. LEASE  
NM-13987
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Cobb Federal
9. WELL NO.  
2
10. FIELD OR WILDCAT NAME  
Artesia On Grbg SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 22-T18S-R27E
12. COUNTY OR PARISH  
Eddy
13. STATE  
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3457.8' GR

(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.)\*

We became operators of this well as of 11/1/83. Former operator was Kenai Oil & Gas, Inc.

RECEIVED

MAR 1 10 58 AM '90

CARLSBAD AREA OFFICE

100 FNL 101 FNL

MAR 1 1990

CARLSBAD, N.M.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct  
SIGNED Rhonda Nelson TITLE Production Clerk DATE 2/28/90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: