

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TR  
(Other instructions  
reverse side)CATE  
on re-Form approved.  
Budget Bureau No. 42-R1424.

## 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM 13237
2. NAME OF OPERATOR Marathon Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2409, Hobbs, New Mexico 88240	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 1980' FNL & 1980' EEL, Section 31, T-19S, R-29E	8. FARM OR LEASE NAME Martinez Federal "21"
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) RKB 3317'	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLK., AND SURVEY OR AREA Sec. 31, T-19S, R-29E
	12. COUNTY OR PARISH Eddy
	13. STATE N.M.

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

## SUBSEQUENT REPORT OF

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) DST #6	X

(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.)\*

June 11, 1980

DST No. 6 - Test from 10,850-10,894' (Strawn Formation)

15-minute preflow - strong blow after two minutes.  
SI for 30 minutes.

Final Flow (75 minutes) - strong blow throughout

Gas to surface in 50 minutes.

Flow Rate: 364 MCFPD decreasing to 190 MCFPD in 25 minutes.

SI for 2 1/2 hours.

Recovered 92' of gas-cut mud.

IH 5688 psi

PF 496 psi

30-minute SI 496-5491 psi

FF 165-231 psi

150-minute SI 231-5491 psi

FH 5672 psi

Sample Recovered: .1 CFG @ 20 psi

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

SIGNED Ralph M. DePauwTITLE Production EngineerDATE June 16, 1980

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) GEORGE H. STEWART

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side