

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate*
(Other instructions on re-
verse side)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 <input type="checkbox"/> | 2. NAME OF OPERATOR Marathon Oil Company | 3. ADDRESS OF OPERATOR P.O. Box 2409 Hobbs, NM 88240 | 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Sec. 31, T-19S, R-29E 1980' FNL & 1980' FWL | 5. LEASE DESIGNATION AND SERIAL NO. NM 13237 | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | 7. UNIT AGREEMENT NAME | 8. FARM OR LEASE NAME Martinez Federal | 9. WELL NO. 1 | 10. FIELD AND POOL, OR WILDCAT Winchester Morrow | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-19S, R-29E | 12. COUNTY OR PARISH Eddy | 13. STATE NM |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) RKB 3317' | | | | | | | | | | | |

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"/> | | <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 No. 6 | <input checked="" type="checkbox"/> | | <input checked="" 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.)*

June 11, 1980

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

5 minute preflow - Strong blow throughout
Shut in for 30 min.
Final flow (75 min.) - Strong blow throughout. Gas to surface in 50 minutes.
Flow at 364 MCFPD decreasing to 190 MCFPD.
Shut in for 2 1/2 hours.
Recovered 92' of gas at mud

IH 5688 psi
PF 496 psi
30 min. SI 496 - 5491 psi
FF 165 - 231 psi
150 min. SI 231 - 5491 psi
FH 5672 psi

Sample Recovered: .1 CFG at 20 psi

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

SIGNED Ralph M. DeLaurTITLE Production EngineerDATE 6-25-80

(This space for Federal or State office use)

APPROVED BY Peter W. ChyleTITLE ASSISTING DISTRICT ENGINEERDATE JUN 26 1980

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side