

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-13237

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marathon-Martinez Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 31, T-19-S, R-29-E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Hanley Petroleum, Inc.

3. ADDRESS OF OPERATOR

1500 Wilco Building, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FSL & 1980' FEL of Section 31, T-19-S, R-29-E

14. PERMIT NO. 18-2920-84-B

API #30-015-25323

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3287' GL 3300' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Testing Operations

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

10-14-85. SI 17 hrs. TP 510# CP 800#. Opened on 24/64" choke. Produced 54 BO + 17 BW.
SI @ 4:00 P.M. CP 625# TP 0#. 176 BLW to recover.

10-15-85. PBD 9077'. SI 15 hrs. TP 575# CP 800#. Opened on 22/64" choke. Produced
36 BO + 14 BW. SI CP 575#. TP 0#. 162 BLW to recover.

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

SIGNED

TITLE

Vice President-Production

DATE

10-15-85

(This space for Federal or State office use)

APPROVED BY

ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 21 1985

*See Instructions on Reverse Side