

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Submit in triplicate.
Other instructions on reverse side.
Bureau Designation N-1004-
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL

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"/>		2. NAME OF OPERATOR Marathon Oil Company		3. ADDRESS OF OPERATOR P. O. Box 552 Midland, TX 79702		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FWL & 470' FSL		5. ELEVATIONS (Show whether DF, RT, GR, etc.) 3718.4' GL		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Marathon Shugart "B"		9. WELL NO. 1		10. FIELD AND POOL OR WILDCAT Tamano (Bone Spring)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 11, T-18-S, R-31-E		12. COUNTY OR PARISH Eddy		13. STATE New Mexico	
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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>Drilling Operations</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.) *

Well was spudded @ 1800 hrs 7/25/88. Drld 17 1/2" hole to 755'. Ran 18 jts, 13 3/8" K-55, H-40, ST&C csg to 755'. B. J. cmt'd w/385 sx Class "C" + 6% gel + 2% CaCl₂, tailed in w/250 sx Class "C" + 2% CaCl₂. CIP @ 1900 hrs 7/26/88, circ'd 143 sx to surface. WOC 4 hrs, cut csg & weld on head. NU BOP's & tested choke manifold, valves, kelly, kelly cocks, rams & TIW valve to 3,000 psi, tested Hydril to 2000 psi.

Resumed drlg w/11" bit to 2705'. Ran 20 jts 8 5/8", 32# & 47 jts 28#, J-55 csg to 2705'. B. J. cmt'd w/1000 sx Class "C" + 10#/sx salt + 1/4#/sx Flocele, tailed in w/250 sx Class "C" + 2% CaCl₂, CIP @ 0715 hrs 7/30/88, circ'd 300 sx to surface. WOC 4 hrs. Set slips, cut csg, & NU BOP's. Tested choke manifold, valves & resumed drlg w/7 7/8" bit.

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

SIGNED [Signature] TITLE District Drilling Supt. DATE 8/4/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side