

November 1984
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-1
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL

45F

SUNDRY NOTICES AND REPORTS ON WELLS 88210

(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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Marathon Oil Company		8. FARM OR LEASE NAME Marathon Shugart "B"	
3. ADDRESS OF OPERATOR P.O. Box 552, Midland, Texas 79702		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit M, 660' FWL, 470' FSL		10. FIELD AND POOL OR WILDCAT Tamano (Bone Spring)	
14. PERMIT NO. 30-015-25955		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T18S, R31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3718.4' GR		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

RECEIVED
JAN 20 '89
O. C. D.
ARTESIA, OFFICE

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) Add perfs to existing zone & acidize.	
(Other) _____			

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.) *

Marathon Oil Company initiated workover operations on the above referenced well on 12/17/88. Following is the workover procedure:

1. MIRU pulling unit. POOH w/rods, pump & tbg.
2. RU wireline truck. RIH w/4" csg guns. Perf'd 2nd Bone Springs Carbonate F/8120'-8170', 8190'-95', 8215'-28' w/2 JSPF. RD wireline truck.
3. RU acidizers. Acidized 2nd Bone Springs Carbonate F/8072'-8170', 8190'-95' & 8215'-28' w/6400 gals NEFE HCl using 300 ball sealers for divert. RD acidizers.
4. RU swab. Swabbed well in.
5. RIH with rods and pump.
6. On 12-30-88 well pumped 136 BOPD, 8 BWPD and 138 MCFGPD.

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

SIGNED <u>[Signature]</u>	-J. R. Jenkins	TITLE <u>Hobbs Production Superintendent</u>	DATE <u>12-30-88</u>
(This space for Federal or State office use)			
APPROVED BY _____	TITLE _____	DATE _____	
CONDITIONS OF APPROVAL, IF ANY:			

ACCEPTED FOR RECORD
JAN 13 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO