

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

NOV 21 1991

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Change of Operatorship

2. Name of Operator

Marathon Oil Company

3. Address and Telephone No.

PO Box 552 Midland, TX 79702, (915) 682-1626

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit A, 990' FNL & 760' FEL
Section 11, T-18-S, R-31-E, NMPM

5. Lease Designation and Serial No.

LC-062052

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Hudson "11" Federal No.5

9. API Well No.

03-015-26166

10. Field and Pool, or Exploratory Area

Tamano (Bone Spring)

11. County or Parish, State

Eddy County, New Mexico

12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Change of Operatorship
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Effective January 1, 1992, Marathon Oil Company will assume operatorship of the Hudson "11" Federal No.5 from the Harvey E. Yates Company. The well will become part of the Marathon operated Tamano (BSSC) Unit.

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

Signed S. P. Guidry S.P. Guidry Title Northwest Operations Supt. Date 10/31/91

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: